



**THE ASSOCIATION OF PHYSICIANS  
OF PAKISTANI-DESCENT OF NORTH AMERICA**

6414 S. Cass Avenue

Westmont, IL 60559

Phone: (630) 968-8585 Fax: (630) 968-8677

**APPNA ALLIANCE MEMBERSHIP 2011**

**\* Alliance is for the APPNA members SPOUSE**

**Alliance Member Information:**

**APPNA #**

Name:

*Last*

*First*

*Middle*

Address:

City

State

Zip

Office Phone:

Home Phone:

Office Fax:

Home Fax:

E-Mail:

**APPNA Member Information:**

APPNA Member's Name:

APPNA Member's Number:

**ALLIANCE DUES: (January 1 – December 31, 2011)**

Annual Membership Dues:

\$ 25.00

\$

Lifetime Membership Dues:

\$ 250.00

\$

Payment Options:

(Please circle the appropriate method):

**CHECK**

**AMERICAN EXPRESS**

**DISCOVER**

**MASTERCARD**

**VISA**

Card Number:

Expiration Date:

Signature:

**Please make checks payable to APPNA Alliance**

**Mail or fax with Full Payment to:**

**APPNA Alliance**

**6414 South Cass Avenue**

**Westmont, IL 60559**

**Phone: (630) 968-8585**

**Fax: (630) 968-8677**