



National Arab American Medical Association – Auxiliary

801 South Adams Road, Suite 208, Birmingham, Michigan 48009-7018
Tel: (248) 646-3661 Fax: (248) 646-0617 Email: naama@naama.com
www.naama.com

Membership application For NAAMA Auxiliary

Date: _____ Chapter: _____

Name: _____ Spouse's name: _____ NAAMA member: Y/N

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____

Date of birth: _____ Country of birth: _____

Children _____ Year of Birth _____

_____ Year of Birth _____

_____ Year of Birth _____

_____ Year of Birth _____

____ I hereby authorize my name for listing in the NAAMA roster.

Applicant's signature: _____

Auxiliary Chapter Dues:	
Arizona	\$0.00
Arkansas	\$0.00
California	\$0.00
Central Florida	\$0.00
Central Ohio (Columbus)	\$0.00
Eastern Virginia	\$0.00
Florida	\$0.00
Georgia	\$0.00
Houston	\$0.00
Illinois	\$30.00
Kansas	\$20.00
Maryland	\$20.00
Michigan	\$0.00
Multi-State	\$0.00
Nevada	\$0.00
New England	\$0.00
New Jersey	\$25.00
New York	\$0.00
North Carolina	\$0.00
North Texas (Dallas)	\$0.00
Northwest Ohio (Toledo)	\$0.00
Ohio	\$0.00
Oklahoma	\$0.00
Ontario	\$0.00
Pittsburgh	\$0.00
Southern Chapter	\$0.00
St. Louis	\$10.00
Upstate New York	\$0.00
Washington D.C.	\$15.00
West Virginia	\$0.00

National Auxiliary dues: \$ 15.00

Chapter dues*: \$ _____

Total Enclosed: \$ _____

Payment Method

___ Check ___ Visa ___ Master Card ___ Amex

Account number: _____

Expiration date: ____/____/____

Name on card _____

Signature: _____

Please remit membership dues to NAAMA with this application and mail to the address above

*If you live in an area with no chapter, please pay national dues only.