



## NATIONAL ARAB AMERICAN MEDICAL ASSOCIATION

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### National Arab American Medical Association Application to Join a Committee

I am interested in getting involved in NAAMA's mission. I would like to serve on one of NAAMA's committees.

Name \_\_\_\_\_

Chapter \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in one of the following Committees:

1<sup>st</sup> preference \_\_\_\_\_

2<sup>nd</sup> preference \_\_\_\_\_

3<sup>rd</sup> preference \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **NAAMA Standing Committees**

Bylaws  
Continuing Medical Education  
Credentials  
Editorial Board  
Postgraduate Training  
Relief Advisory  
Science and Research

#### **NAAMA Liaison Committees**

Liaison to Arab America  
Liaison to Arabian Peninsula  
Liaison to Egypt  
Liaison to Iraq  
Liaison to Jordan  
Liaison to Lebanon  
Liaison to Palestine  
Liaison to Syria

*Please fax completed form to NAAMA at 248-646-0617  
Or by mail to 801 S. Adams Rd. Ste 208, Birmingham, MI 48009  
Or e mail it to [naama@naama.com](mailto:naama@naama.com)*