

**APPNA DMV
ASSOCIATION OF PAKISTANI PHYSICIANS IN NORTH AMERICA
(WASHINGTON/MARYLAND/VIRGINIA CHAPTER)
MEMBERSHIP FORM**

Name: _____

Address: (H) _____

Address: (O) _____

Phone: (C) _____

Phone: (O) _____

Fax: _____

E-mail: _____

Please make me a member of the Association of Pakistani Physicians of North America (APPNA) Washington/Maryland/Virginia Chapter. I agree to pursue the aims and objectives of APPNA and the objectives, goals, projects and programs of the Washington/Maryland/Virginia Chapter. I also agree to attend the APPNA Washington/Maryland/Virginia meetings and try to participate in the activities.

A check or money order for the yearly membership for \$50 or \$300.00 for a lifetime membership payable to APPNA is enclosed.

Signature: _____

Date: _____

**APPNA WASHINGTON/MARYLAND/VIRGINIA
Mail: 814 Toll House Avenue
Frederick, Maryland
21701**