



Allama Iqbal Medical College Alumni Association of North America

Membership Form

Date:

Name

Last:

First:

MI:

Phone:

Cell:

Work:

Home:

E-mail:

Graduation Year:

Specialty:

Home Address:

City:

State:

Zip Code:

Work Address:

City:

State:

Zip Code:

APPNA Member Yes No

Life membership AIMCAANA dues: \$ 250

Please mail this form with Cheque to:

Dr. Asif Mahmood

10 Stableside South, Ottawa Hills, OH 43615