



AAPIO Membership Application

New Membership **Renewal** **Directory Corrections**

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

E-mail: _____

Medical School: _____ Year Graduated: _____

Specialty: _____

Name of the Spouse: _____

Is your spouse a physician? If yes, please provide above information on another form.

Comments/Suggestions: _____

- Life Membership – Individual\$500
- Life Membership – Physician Couple\$600
- Physician Spouse Life Membership (if other is a life member)\$100
- Annual Membership – New / Renewal\$50
- Housestaff Membership (in training)\$10
- Life Membership – Allied Health Professional Only\$500
- Allied Health Professional – New / Renewal\$50
- Students in Medical Field\$50

CHECK ENCLOSED FOR THE AMOUNT OF TOTAL :\$ _____

Please mail your application with check (payable to AAPIO):

Karim Hussain, MD
AAPIO President
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Fremont, CA 94538
president@aapio.org