



# 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):**

Vandana Sharma, MD, PhD  
AAPIO President  
2407 Sharon Oaks Drive  
Menlo Park, CA 94025  
president@aapio.org