**AUXILIARY TO THE NATIONAL MEDICAL ASSOCIATION, INC.**



**INDIVIDUAL MEMBERSHIP**

**DUES STATEMENT**

**PLEASE PRINT OR TYPE ALL INFORMATION – DO NOT SEPARATE FORMS**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MI \*SPOUSE

 \* NMA Member: Yes □ No □

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUXILIARY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL OR STATE PRESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am a financial member in good standing with my local and state auxiliary where one exists.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

ANMA Life Members are exempt from paying dues but shall pay convention registration fees. ANMA Life Member: Yes □ No □

**MEMBERSHIP FEES**

***Our fiscal year begins on October 1st, and we will gladly accept your dues on or after October 1st***

 **Postmarked on or before February 1st**

Regular Member Dues $150.00 \_\_\_\_\_\_\_\_\_\_\_\_

Interim Member Dues $150.00 \_\_\_\_\_\_\_\_\_\_\_\_

Resident/Interns Spouse Dues $50.00 \_\_\_\_\_\_\_\_\_\_\_\_

Physician/Physician Spouse Dues $50.00 \_\_\_\_\_\_\_\_\_\_\_\_

Associates of NMA and Associate Spouses $75.00 \_\_\_\_\_\_\_\_\_\_\_\_

**Postmarked after February 1st**

Regular Member Dues $175.00 \_\_\_\_\_\_\_\_\_\_\_\_

Interim Member Dues $175.00 \_\_\_\_\_\_\_\_\_\_\_\_

Resident/Interns Spouse Dues $60.00 \_\_\_\_\_\_\_\_\_\_\_\_

Physician/Physician Spouse Dues $60.00 \_\_\_\_\_\_\_\_\_\_\_\_

Associates of NMA and Associate Spouses $85.00 \_\_\_\_\_\_\_\_\_\_\_\_

**CONVENTION REGISTRATION FEES**

**Postmarked on or before May 30th**

All members $200.00 \_\_\_\_\_\_\_\_\_\_\_\_

**Postmarked after May 30th**

All Members $250.00 \_\_\_\_\_\_\_\_\_\_\_\_

Guest Registration $50.00 \_\_\_\_\_\_\_\_\_\_\_\_

 **Total**  \_\_\_\_\_\_\_\_\_\_\_\_

**SCHOLARSHIP FUND DONATIONS AND OTHER CONTRIBUTIONS**

A ‘TAX DEDUCTIBLE DONATION’ is always appreciated and needed. Please check the appropriate donation category and enclose the

payment with your dues.

**Alma Wells Givens:** $25 □ $50 □ $75 □ $100 □ Other □ $\_\_\_\_\_\_\_\_\_

**Omega Mason/Maude Bisson:** $25 □ $50 □ $75 □ $100 □ Other □ $\_\_\_\_\_\_\_\_\_

**Life Member and Emeritus Members Contribution to ANMA**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to ANMA, Inc.**

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If paying by credit card, please check Visa or MasterCard: □ VISA □ MASTERCARD

\*Credit Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Anti Fraud ID Code Backside of Card\_\_\_\_\_\_\_\_Name as It Appears on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*$5 Convenience Fee

**Please mail all forms and fees to**:

Helen Kinard Scott, DPA, Financial Secretary

8403 Colesville Road, Suite 820

Silver Spring, MD 20910

Phone: (301) 495-3779 Fax:( 301) 495-0037