



**AUXILIARY TO THE NATIONAL MEDICAL ASSOCIATION, INC.
INDIVIDUAL MEMBERSHIP
DUES STATEMENT**

TYPE ALL INFORMATION

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 pay convention registration fees. ANMA Life Member Yes No

MEMBERSHIP FEES

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	

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	

CONVENTION REGISTRATION FEES

Postmarked on or before May 30th

All Members	\$300.00	
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Postmarked after May 30th

All Members	\$350.00	
Guest Registration	\$275.00	

SCHOLARSHIP FUND DONATIONS

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 Bisson: \$25 \$50 \$75 \$100 Other \$ _____

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: _____

Please mail all forms and fees to:
Christine Williams, Financial Secretary
 7075 Wyndale St, NW
 Washington, DC 20015