

**Association of Indian Physicians of Northern Ohio**

3702 Sutherland Road, Shaker Hts., OH 44122-5137, PH 216-228-1168, FX 216.848.0088

Your Information Spouse (required for couples membership)

Full Name Full name

Office Address Office Address

Office phone Office phone

City State Zip City, State, Zip

Email Email

Cell phone Cell phone

Hospital & Hospital &

Specialty Specialty

Home:

Address Cell phone

City State Zip

Membership - Choose type:

\_\_\_Resident (Member-in-Training) \_\_\_ Annual \_\_\_ Life Membership \_\_\_ Couples

Select one:

 Send an invoice by email (you mail the check back)

 Send an invoice through Paypal (please provide an email address)

 Mailing both the form & check \*(Members-in-training are complimentary)

Please provide at least one mailing address and one email address where you want AIPNO communications to be sent (e.g. invitations to events). Thank you.

\*Annual Membership is $75.00 per person and $125.00 for a physician couples

\*Life Membership is $250.00 per person and $450.00 for a physician couple.