

# ANPA

## MEMBERSHIP // 2018

We are excited to have you consider membership with ANPA! Please complete and return this application with payment to **ANPA | 506 Summer Storm Drive | Durham, NC 27704** OR complete the application and pay online at [www.anpa.org/product-category/membership](http://www.anpa.org/product-category/membership)

**STEP 1, Choose your membership type:**

- Regular** qualified physicians who are naturalized citizens of Nigeria practicing, teaching or otherwise engaged in the medical profession in the US, Canada, Mexico, South America or Caribbean **\$265**
- Associate** individuals in medical or allied health professions such as RNs, NPs, Physician Extenders, Pharmacists and other non-physician healthcare providers **\$200**
- Affiliate** individuals who are Residents in Training, Fellows in Training or Medical/Dental Students **\$0**

**TOTAL**

\$ \_\_\_\_\_  
*(Regular, \$265)*

\$ \_\_\_\_\_  
*(Association, \$200)*

*Affiliate No Charge*

\$ \_\_\_\_\_  
*(Chapter Dues, \$100)*

\$ \_\_\_\_\_  
**TOTAL AMOUNT DUE**

**STEP 2, Choose your local chapter (add \$100):**

- |                                    |                                        |                                         |                                            |
|------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Carolinas | <input type="checkbox"/> Las Vegas     | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Philadelphia Area |
| <input type="checkbox"/> Chicago   | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New York       | <input type="checkbox"/> Phoenix           |
| <input type="checkbox"/> Florida   | <input type="checkbox"/> Nashville     | <input type="checkbox"/> N. California  | <input type="checkbox"/> S. California     |
| <input type="checkbox"/> Georgia   | <input type="checkbox"/> Nat'l Capital | <input type="checkbox"/> N. Texas       |                                            |
| <input type="checkbox"/> Houston   | <input type="checkbox"/> New England   | <input type="checkbox"/> Northeast Ohio |                                            |

**STEP 3, Complete ANPA profile:**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DEGREE TYPE/CREDENTIALS \_\_\_\_\_

SPECIALTY \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**STEP 4, Provide payment information:**

You may pay online at [www.anpa.org/product-category/membership](http://www.anpa.org/product-category/membership) or by check made payable to ANPA or complete the credit card information below.

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION \_\_\_\_\_ CHARGE AMOUNT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

