



American Tamil Medical Association

Membership Application

NON-PROFIT TAX EXEMPT CHARITABLE ORGANIZATION
10307 Castlefield street, Ellicott City, MD 21042

Phone: (410) 465-8181 · Fax: (410) 644-4484 · Tax ID: 20-2245175

PRESIDENT

CHAIRMAN

SECRETARY/ TREASURER

www.atmausa.org

Veerappan Sundar , M.D.

Sambandam Baskaran, M.D.

Ganapathi Baskar, MD

Board of Directors

Sambandam Baskaran, MD
Seetharaman Adimoolam, MD
Kalai Parthiban, MD
Valarmathi Sundar, MD
Arunachalam Einstein, MD

Advisory Committee

Jay J. Gopal, MD
Vellore Parithivel, MD
Tamilarsi Kannan, MD

ATMA-YPS Chairman

Saravanan Ramalingam, MD

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- New England
Ashok Kumar, MD
- Florida
Palani K Raman, MD
- Ohio
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- Texas
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- TriState
Arivoli Veerappan, MD
- Michigan
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- Carolinas
Mallika Umamaheswaran, MD
- GW
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- Georgia
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- NY/NJ
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- Midsouth
Venu Prabaker, MD
- California
Arunachalam Einstein, MD
- Washington
Subbu Lakshmi, MD
- California (N)
Tn.Subbiah, MD
- Pennsylvania

Last Name: _____

First Name: _____ Gender: _____

Address: _____ Home or Office

City: _____ State: _____ Zip: _____

Office Phone: _____ Other Phone: _____

Email: _____

Alternate Email: _____

College: _____ Year of Graduation: _____

Specialty: _____ Years in Practice: _____

Chapter: _____

Categories: Life Membership.

Physician: \$150
Physician and Physician Spouse: \$250
Allied Health: \$100
Physician and Allied health spouse: \$225
Young Physician: \$100 (first 5 years of practice)
Resident/Fellow - \$50
Medical Student – Dues waived

Payment information:

Check number and amount: _____

Credit Card: Type; Master Visa Discover Amex

Number: _____ Exp.Date: _____ CVV: _____

Card Holder's Name: _____

Signature: _____

Billing Address if different than above: _____

As a Member of ATMA, I will abide by the ATMA bylaws.

Signature: _____ Date: _____

You may email this form to atmausapresident@gmail.com