



# American Tamil Medical Association

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NON-PROFIT TAX-EXEMPT CHARITABLE ORGANIZATION, Tax ID: 20-2245175

www.atmausa.org

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First & Last Name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

College: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Specialty: \_\_\_\_\_ Years in Practice: \_\_\_\_\_

Affiliation (Hospital/University): \_\_\_\_\_

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### Categories for Life Membership (Promotional Price Valid till Aug10 2019)

Physician	\$100
Physician and Physician Spouse	\$200
Allied Health/ Retired Physician	\$50
Physician and Allied health Spouse	\$150
Young Physician	\$50
Resident/Fellow/Medical Student	No Dues

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