

Specialty/Profession _____

Spouse's Name _____

I would like to volunteer for the following
Committees of IMANE:

- Community Service
- Membership/Fundraising
- Education
- Publication
- Free Clinic/Health Fairs
- Other: _____

Voluntary Contributions to IMANE:

Community Service _____

Membership Dues _____

Total amount of check: _____

Are you member of AAPI?

Yes _____ No _____

(If, not please consider joining AAPI)

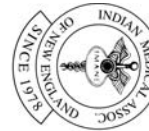
Please make check payable to IMANE

Send check to:

Indian Medical Association of NE
P.O.Box 9132
Waltham, MA 02254-9132

Signature: _____

Any questions:
Call IMANE Executive Secretary
(T) 781-434-7317, (F) 781-893-2105
www.imanemd.org



IMANE
PO Box 9132
Waltham, MA 02254-9132

Indian Medical Association of New England



www.imanemd.org



Goals

The objectives of the Indian Medical Association of New England are:



To advance the profession of medicine and dentistry



To contribute to the advancement of education of medical professionals, and



To bring together all medical professionals of Indian origin and heritage to form a cohesive group and to work with other organizations.

Accomplishments

IMANE has consistently been a positive force in our communities:



Through various Health Fairs and Health Screening programs.



Sponsoring Free Health Clinics for uninsured and underserved individuals in our communities.



Raising funds for Victims of Domestic Violence and natural disasters here and in India.



Scholarships for medical students and residents from New England, who will be selected for poster presentation at the AAPI Annual Convention.

Membership

Active Member:



An individual who holds a degree of MD, MBBS, DO, DMD, or DDS and is duly licensed to practice his or her profession in any of the New England States.

Associate Member:



An individual who is in post-graduate training after receiving a degree of MD, MBBS, DO, DMD, or DDS.

Student Member:



An individual who is enrolled in a graduate school to receive a degree of MD, DO, DMD or DDS.

Allied Medical Professional Member:



Any other individual who works in a medicine related field and who does not qualify for membership under the other categories.

Honorary Member:



An individual who has shown interest in the activities of the Association and has a record of distinguished services to the community. This individual may or may not be a medical professional.

Life Member:



An active member who prefers to pay a one-time fee instead of annual dues.

Y.P.S. Member:



Any young physician in his or her first five years of Medical Practice.

Emeritus Member:



Any individual who has retired from his/her active profession and has been an active member of the Association for at least 4 consecutive years.

(Please consult IMANE Constitution and Bylaws for further clarification on different membership categories)

Application

Type of membership you are applying for:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> Life |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Student |
| <input type="checkbox"/> Allied | <input type="checkbox"/> YPS |

Name: _____

Specialty: _____

Preferred Mailing Address:

Home _____ Office _____

Home Address:

Office Address:

Preferred Phone Number:

Home _____ Office _____

Home Phone _____

Office Phone _____

Office Fax _____

e-mail _____

Medical School _____

Year of Graduation _____