

**Nishtar Medical College  
Alumni Association of North America**

**Membership/Dues Form**

**Personal Information**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

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

Specialty: \_\_\_\_\_

Practice Type: \_\_ Academic \_\_ Private \_\_ Research \_\_ Other: \_\_\_\_\_

Faculty Position: \_\_\_\_\_ Institute: \_\_\_\_\_

**Membership Type**

- |  |               |
|--|---------------|
| <input type="checkbox"/> Lifetime Membership   | Dues \$500.00 |
| <input type="checkbox"/> Annual Membership     | Dues \$50.00  |
| <input type="checkbox"/> Physician in Training | *** Exempt    |

**Method of Payment:**

- Cash
- Check
- Visa
- MasterCard
- American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please send information and Payment to:**

Asif Rahman, MD  
Chair, Membership Committee  
100 Port Washington Blvd  
Roslyn, NY 11030  
phone - 516- 365-6600

**\*\*\* Physician in Training Dues exempt only with Confirmation Letter from  
Program Director or Copy of Contract**