



北美洲台灣人醫師協會

North American Taiwanese Medical Association

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Membership Application, Renewal, Information Update, & Annual Dues Form
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Information update

Name (English):	Name (Chinese):	
Medical / Health Professional Field:	Specialty / Subspecialty:	
Medical / Dental / Health Professional School:	Year of Graduation:	Generation? 1 st , 2 nd , N/A
Office Address: (street)	Phone:	
(city/state/zip)	Fax:	
Work Email:	Other:	
Home Address: (street)	Phone:	
(city/state/zip)	Fax:	
Personal Email:	Other:	

Preferred Mailing Address: <input type="checkbox"/> Office <input type="checkbox"/> Home Do NOT list my information in the Directory: <input type="checkbox"/>
Preferred Method of Communication: <input type="checkbox"/> Work Email <input type="checkbox"/> Personal Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Facebook

Check the Chapter you are currently associated with or the one you are applying to:						
<input type="checkbox"/> New England Chapter <input type="checkbox"/> New York Chapter <input type="checkbox"/> Pittsburgh Chapter <input type="checkbox"/> Philadelphia Chapter <input type="checkbox"/> Washington DC Chapter <input type="checkbox"/> Baltimore Chapter	<input type="checkbox"/> Cleveland Chapter <input type="checkbox"/> Michigan Chapter <input type="checkbox"/> St. Louis Chapter <input type="checkbox"/> Chicago Chapter <input type="checkbox"/> Kansas Chapter <input type="checkbox"/> Southern California Chapter	<input type="checkbox"/> Northern California Chapter <input type="checkbox"/> Northwestern Seattle Chapter <input type="checkbox"/> Hawaii Chapter <input type="checkbox"/> 2 nd Generation Medical / Health Professionals Chapter (2G) <input type="checkbox"/> Members at large <input type="checkbox"/> Taiwan Chapter				
<input type="checkbox"/> I am a medical / dental / health professional student (\$10/year) <input type="checkbox"/> I am a physician / dentist / post-graduate in training (\$25/year) <input type="checkbox"/> Regular Member (\$50/year) <input type="checkbox"/> Regular Member, life time (\$500) <input type="checkbox"/> Retired Member, please circle one (\$25/year, \$250/life time)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Please make check payable to: NATMA</td> </tr> <tr> <td style="width: 50%; padding: 5px; text-align: center;">Total</td> <td style="width: 50%; padding: 5px; text-align: center;">\$</td> </tr> </table>		Please make check payable to: NATMA		Total	\$
Please make check payable to: NATMA						
Total	\$					

Mail to: Dr. Charles Cheng Tsai, 731 The Hampton Lane, Chesterfield, MO 63017

Annual Membership fee is due in January of each year. Visit us at <http://natma.org>