

AMCANAMembership form

Andhra Medical College Alumni of North America
3042 Carmel Dr , Flossmoor IL 60422.
Phone: (708) 957-4302

www.amcana.org

First Name: _____ LastName: _____

Year ofEntry toAMC: _____

E-mail: _____

Address: _____

City _____ State _____ Zip: _____

Home phone: () - . Cell phone: () - .

SPOUSE

NameYear ofEntry to AMC (ifapplicable): _____

Children (Pleaseincludeages):

1) _____ Age: _____

2) _____ Age: _____

3) _____ Age: _____

4) _____ Age: _____

- Life membership fee: \$50.00
- Alumnus : \$ 250.00
- Alumnus+spouse: \$ 350.00
- Alumnus+spouse+1 child: \$ 400.00
- Alumnus+spouse+2 children: \$ 450.00
- Foreign guest: \$ 0.00
- Resident/Fellow: \$ 0.00

Please make your check payable to "AMCANA" and mail to:

Andhra Medical College Alumni of North America (AMCANA)

3042 Carmel Dr

Flossmoor IL 60422-

Phone: (708) 957-4302.

Email: info.amcana@gmail.com

If you prefer to do it online, go to www.amcana.org and go to membership area, fill out the online form and pay via PayPal.