



北美洲台灣人醫師協會

North American Taiwanese Medical Association

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 www.NATMA.org, *** Email: yihchiou@hotmail.com

Membership Application, Renewal, Information Update, & Annual Dues Form

New Application Renewal 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"/> Cleveland Chapter	<input type="checkbox"/> Northern California Chapter		
<input type="checkbox"/> New York Chapter	<input type="checkbox"/> Michigan Chapter	<input type="checkbox"/> Northwestern Seattle Chapter		
<input type="checkbox"/> Pittsburgh Chapter	<input type="checkbox"/> St. Louis Chapter	<input type="checkbox"/> Hawaii Chapter		
<input type="checkbox"/> Philadelphia Chapter	<input type="checkbox"/> Chicago Chapter	<input type="checkbox"/> 2 nd Generation Medical / Health Professionals Chapter (2G)		
<input type="checkbox"/> Washington DC Chapter	<input type="checkbox"/> Kansas Chapter	<input type="checkbox"/> Members at large		
<input type="checkbox"/> Baltimore Chapter	<input type="checkbox"/> Southern California Chapter	<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)		Please make check payable to: NATMA		
		<table border="1"> <tr> <td>Total</td> <td>\$</td> </tr> </table>	Total	\$
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>