Indian Doctors Association, Houston

501© non-profit organization

Website: www.idahouston.net Email: idahoustontx@gmail.com

Membership Application Form (July 1, 2010-June 30, 2011)

Name - _____Spouse Name -_____

Specialty - _____

Address (Home)* - _____

Office* - _____

Home Number* - _____Office Number* - _____

Cell Number* - _____Pager* - _____

Fax* - _____ E-mail* - _____

Contact Preference (circle one): Home Office

Year of Graduation - _____ Medical School - _____

The information provided is confidential and only for IDA related activities

- **Would you like to be listed on the Web-site/ IDA Directory? Yes__ No__**
- **Would you like to have a web page of your practice linked to the IDA web site? ($100/yr)- Yes__No__**
- **Would you like to contribute towards a Medical Student Scholarship fund? Yes__No__ $____**
- **Would you like to contribute towards the IDC Charity Clinic? Yes__ No__ $____**
- **Would you like to volunteer once or twice a year at the IDC Charity Clinic? Yes___No___**

Are you an IDA Life Member? Yes __ No__ ; Are you an AAPI Life Member? Yes__ No___ *All Dues are Tax Deductible

Annual Membership*: $50; *IDA Life Membership*: $ 500; *AAPI life Membership (for IDA Life Members ONLY):$250

***Paid member, spouse* pays 50% of dues *Member-in-training*: No fee**

Payment: Check (payable to "IDA, Houston") Credit Card

Credit Card: MC / Visa / Discover ; NEED THE BILLING ZIP CODE FOR CREDIT CARD _____

_____

Amount: Signature: Expiry Date: CVV:

***Only the Specialty and Office information will be listed on the Website and IDA directory**

Mail to: Dr. Ashok Tripathy, M.D., 3202 Acorn Wood Way, Houston, Tx 77059; Ph: (281) 235-8348