



King Edward 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:

Marsha Smith

1331 Union Ave. Suite 800

Memphis, TN 38104

Email: msmith@utcancer.com

Phone Number: 901-722-0561

Fax Number: 901-722-0452

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