



Membership Application

This form may be used for NEW members or by existing members as an UPDATE

This form is for use by physicians and dentists only. Please fill all fields.

Name _____ Degrees _____

Board Certifications _____ Medical Specialty: _____

Office Address _____

City/State/Zip _____

Office Phone (_____) _____ Fax (_____) _____

Back Line: (_____) _____ Pager/ Cell: (_____) _____

Email Address: _____

Home Address _____

City/State/Zip _____

Home Phone (_____) _____

Annual Membership Dues (valid January to December each year)

_____ \$ 200 (per physician / dentist)

_____ \$400 (joint payment if physician and /or dentist spousal couple)

Life Membership Dues (Onetime payment)

_____ \$ 1000 (physician, dentist only)

_____ \$1500 (Joint payment if physician and/or dentist spousal couple)

Payment Information: **Please make checks payable to B.I.M.D.A.**

_____ Check _____ Cash Date: _____ Received by: _____

Please mail the completed form along with payment to BIMDA Treasurer:

Attention: Dr. Subhash Rege, MDS

1045 Hwy A1A, Oceana Apartment #901

Satellite Beach, FL 32937

Phone: 321-779-0598 Email: Srege1941@GMail.com

Brevard Indo-American Medical & Dental Association (BIMDA)

BIMDA is a not-for-profit professional association of physicians and dentists, IRS code sec 501 (c) (6).

BIMDA is a member affiliate of AAPI - American Association of Physicians of Indian Origin.

Membership in BIMDA is open to all physicians & dentists in good professional standing.

Membership application is subject to review and acceptance. All rights reserved by BIMDA.

BIMDA Federal Tax ID # 59-3576907

www.bimda.com

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