



Membership application for New or Change

To be completed by Physician/Dentist or Existing Life members only

All info in gray area is for internal use only and will not be printed
BIMDA will only print active office addresses for Physicians and Members. *

Please check one:

- Active Physician/Dentist in practice Retired Physician/Dentist Existing Life Member (not a physician or dentist)

*** If you want no address published please check here.**

Name (First) _____ (MI) _____ (Last) _____

Credentials: MD PhD DO MBBS BDS MDS DDS
 MS _____ OTHER _____

Membership Status: Life Member (\$1000/\$1500 couple) Status: Paid Yes No
 Annual Member (\$150/\$300 Couple) For Calendar Year _____
Please make all checks payable to BIMDA (as needed)

Specialty: _____ Sub Specialty: _____

Practice Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Web address: _____

THIS OPTIONAL DATA WILL NOT BE PUBLISHED – FOR INTERNAL USE ONLY	
Cell Phone: _____	Back Office Line: _____
Pager: _____	Email: _____
Home Fax: _____	
Home Address: _____	
Spouse name: _____	

Hospital Affiliations 1. _____ 2. _____

Board Certifications _____

Medical/Dental School: _____ Year Graduated: _____

Residency: _____ Fellowship: _____

Medical association membership: _____

I authorize the inclusion of the above information for the BIMDA Directory Project. I hold BIMDA harmless for any errors, omissions or inaccurate information provided or compiled in the process.

Signature _____ Date: _____

RETURN COMPLETED FORM TO: Naren Shah, 659 Loggerhead Island Drive; Satellite Beach, FL 32937

Please email hi res photo to gladkurian@aol.com

REVISED May 2009