



Membership Application

(Version: January 2007)

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.

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 (January to December)

_____ \$ 100.00 Regular Membership (physician, dentist only)

Life Membership Dues (Onetime payment)

_____ \$ 1000.00 Regular Life Membership (physician, dentist only)

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

_____ Check _____ Cash Date: _____ Received by: _____

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

Attention: Dr. Subhash Rege, MDS

c / o : Palm Bay Dental Center

1764 Palm Bay Road

Palm Bay, FL 32905

Phone: 321-725-5512

Fax: 321-725-5592

Brevard Indo-American Medical & Dental Association (BIMDA)

BIMDA is a not-for-profit professional association of physicians and dentists.

Organized under IRS code section 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.

BIMDA Federal Tax ID # 59-3576907

www.bimda.com