



# 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 \_\_\_\_\_ G \_\_\_\_\_     OTHER \_\_\_\_\_

Membership Status:     Life Member (\$1000/\$1500 couple)    Status: Paid already  Yes  No  
 Annual Member (\$200/\$400 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**THIS OPTIONAL DATA WILL NOT BE PUBLISHED – FOR INTERNAL USE ONLY**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: N. Rao Kopuri, BDS, MS, Central Florida Orthodontic Specialists  
2555 W. New Haven Ave, Melbourne, FL 32904, Ph. 321-728-9999, Fax: 321-728-5925,  
Email address: "Kopuri Rao" <Braceko@aol.com>**

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