

IRAQI MEDICAL SCIENCES ASSOCIATION

P.O. Box 1154
Libertyville, IL 60048-1154

Membership Dues Information

Please complete this form and return to the address above with your membership dues .
Please make checks payable to IMSA
Kindly forward a copy of this form to your colleagues.

ALL FIELDS ARE REQUIRED

Date _____

Member Name _____

Spouse Name _____

Address _____

Telephone _____ Fax _____
(indicate: H,W,or C)

Email _____ Specialty _____

School Attended _____ Year Graduated _____

Do you or your institution offer residency,
fellowship, internships, externships or observers ship? Yes _____ No _____

Active Member \$150 _____

Active Member in Training (Residents, Fellows) \$50 _____

Associate Member (Medical students, Graduate Students) \$25 _____

Donation * _____

Do you like to be listed in the Directory Yes _____ No _____

* IMSA is an approved non-profit organization and all donations are tax deductible

The Board may reduce membership dues for individuals that are unable to pay the full amount as requested and on an as needed basis

Please mail the application to the P.O. Box address on top of page