



TRI-STATE ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

MEMBERSHIP APPLICATION

MEMBER'S NAME: _____

NAME OF SPOUSE: _____

PREFERRED MAILING ADDRESS: _____

TELEPHONE HOME: _____ OFFICE: _____

FAX: _____ EMAIL: _____

MEDICAL SCHOOL: _____

YEAR OF GRADUATION _____

SPECIALTY: _____

HOBBIES / INTEREST / SPORTS: _____

CHILDREN'S NAMES: _____

NEW MEMBER: _____ RENEWAL: _____

Life membership dues reduced to \$100 till 12/31/2017

TAPI LIFETIME MEMBERSHIP: \$250.00 YES ____ NO ____

TAPI ANNUAL DUES: \$ 50.00 ____

MEMBERSHIP YEAR EFFECTIVE FROM JULY 1ST TO JUNE 30TH

Check payable to: *TAPI*

MAIL TO: TAPI
4608 Penn Avenue

TAPI
Pittsburgh, PA 15224

~~P.O. Box 672~~

~~Monroeville, Pa 15146~~

SIGN HERE