

2016-2017 Charles R. Drew Medical Society Membership Drive

Fax Form to 310)674-7712 or mail form to P.O. Box 83176, Los Angeles, CA 90083 -

Email: crdrewmedicalsociety@gmail.com or Pay Online

(Go to <http://charlesdrewmedicalsociety.org/membership-application> or hit the "Pay Now" Button)

Name/Title _____

Name of Spouse/Partner _____

Home Address: _____

Business Address: _____

Preferred Mailing Address: HOME BUSINESS EMAIL _____

Phone: Home _____ Work _____ Mobile _____

Pager _____ Fax _____ Alternate _____

Specialty: _____ Board Certified ___ Board Eligible ___ CA Lic# _____

Hospital/Affiliation(s): _____

Annual Dues

Member

| | | |
|---|-------------------------------|----------|
| Licensed Physician | \$200 \$150 | \$ _____ |
| Licensed Physician, Life Membership | \$2,000 | \$ _____ |
| Licensed & Paid Member of ABWP | \$150 | \$ _____ |
| Licensed & Paid Member of ABWP, Life Membership | \$1,500 | \$ _____ |
| Retired Physician | \$100 | \$ _____ |
| Retired Physician, Life Membership | \$1,000 | \$ _____ |
| Resident/Fellow Physicians | \$20 | \$ _____ |

Affiliate Member (Nonvoting member w/ interest and/or expertise in medicine)

| | | |
|--|---------|----------|
| Premed Students | \$5 | \$ _____ |
| Medical Students | \$10 | \$ _____ |
| Associate (Non-physician professional student) | \$10 | \$ _____ |
| Associate (Non-physician professional) | \$100 | \$ _____ |
| Institution (Educational, community, profit or nonprofit organization) | \$1,000 | \$ _____ |
| Industry Partners (Companies, institutions or for-profit organization) | \$5,000 | \$ _____ |

Subtotal Enclosed \$ _____

Donations

Building Campaign: Tax-deductible contributions to support the campaign of a permanent home necessary to accommodate growth and preserve our role as a leading voice for minority physicians and the communities which we serve. \$ _____

Scholarship Fund Donation: Tax-deductible contributions support scholarships distributed annually to medical students who demonstrate academic promise and financial need. \$ _____

Legal Defense Fund Donation: Tax-deductible contributions support a reserve fund to aide members who become victims of discrimination because of their minority status. \$ _____

Check no. _____ Payable to Charles R. Drew Medical Society Total Enclosed \$ _____

Credit Card Information

Card No: MasterCard / Visa _____ Name on card: _____

Exp date _____ Billing Address: _____

Applicant's Signature _____ Date _____