



**Greater Charlotte Association of American Physicians of Indian origin.**

**Membership form.**

- 1. Annual membership:     \$ 75. ( valid from Jan 1,2019 to Dec 31 2019)
- 2. Life membership:         \$ 500.

**Details:**

Name:.....

Specialty:.....

Medical School:.....

Family :.....

Address: .....

Email:.....

Tel:.....

Practice Location:.....

Payment method: .....

Payment date:.....

Signature:.....

**MAIL to:**

GCAAPI charlotte.

4428, Cameron Oaks , Charlotte, NC-28211.

