



# AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN (ARKANSAS)

INDIAN PHYSICIANS DEDICATED TO THE NATURAL STATE

Member information					
Last Name		First Name		MI	
Male		Female		Specialty	
Name of Employer				Position	
Spouse Information if Physician					
Last Name		First Name		MI	
Male		Female		Specialty	
Name of Employer				Position	
Contact Information					
Address					
City		State		ZIP	
Phone		E-Mail			
Membership Year					
Membership Category				Annual Fees	Select
Residents/Fellows in Training- Single				\$25	<input type="checkbox"/>
Residents/Fellows in Training- Couple				\$50	<input type="checkbox"/>
Physicians in Practice- Single				\$75	<input type="checkbox"/>
Physicians in Practice- Couple				\$100	<input type="checkbox"/>
Medical Students				Free	<input type="checkbox"/>
Donation					<input type="checkbox"/>
<i>I hereby agree to pay the membership fees for AAPI (Arkansas)</i>					
Signature of Applicant				Date	
Signature of Spouse				Date	

Please address the check for membership fees and donation, if any to "**AAPI ARKANSAS**"  
Mail the payment along with completed and signed application form to

**AAPI Arkansas, Inc.**  
**PO Box 22008**  
**Little Rock AR 72221**

If you have any questions or comments email us at [aapiarkansas@gmail.com](mailto:aapiarkansas@gmail.com)

**AAPI Arkansas, Inc. is a non-profit organization registered with the state of Arkansas**

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