



INDIAN MEDICAL ASSOCIATION OF NORTHWEST INDIANA
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MEMBERSHIP FORM

Indian Medical association of Northwest Indiana is a non-profit organization formed in 1981. The purpose of the organization is to provide a forum for meeting, sharing and fostering professional and cultural advancement, and that a bond of purposeful unity be established to enrich the Indian community at large and the whole society of North America. We invite you to join our organization.

First Name: _____ Last Name: _____

Spouse's Name: _____

Specialty: _____ Board Certification: _____

Graduate School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Home Fax: () _____

Email Address: _____

Web Address: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: () _____ Office Fax: () _____

Life Active Membership \$500.00 • Annual Active Membership \$100.00
Allied/Associated Membership Life \$250.00 • Allied/Associated Membership Annual \$50.00

Please make check payable to Indian Medical Association of Northwest Indiana

Tax ID #31-4130002

Please mail your completed form to the P.O. Box address above.

For any questions, email or call at the contact information listed above.

All applications are subject to board for approval.