



DOGANA MEMBERSHIP REGISTRATION FORM

Please fill in appropriate circles below

Lifetime \$250 Annual \$50 Trainee / Student Member Free

Personal Information

Please use capital letters and print legibly

First Name _____ Middle Name _____

Last Name _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Cell _____ Email _____

Business/Organization Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ Email _____

Preferred Mailing Address: Office Home Preferred Phone Number: Home Cell

Education & Training	Payment Method
Year Graduated _____	Check:
Primary Specialty _____	<input type="radio"/> Check Number _____
Secondary Specialty _____	<input type="radio"/> Amount _____
Signature _____	Credit Card:
Date _____	<input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> Master Card <input type="radio"/> Visa
Note : All new members please submit a Copy of your degree with the membership form. Members in training should attach a letter from the program regarding their training status	<input type="radio"/> Amount _____
	<input type="radio"/> Name on Card _____
	<input type="radio"/> Card Number _____
	<input type="radio"/> Expiration Date _____
	<input type="radio"/> Security Code _____ <i>(last 3 or 4 digits on back of card)</i>
	3% processing charges will be added to all credit card transactions

Mail In/Email completed form:

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