



# DOGANA MEMBERSHIP REGISTRATION FORM

Please fill in appropriate circles below

Life  time  Annual  Trainee 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**

Year Graduated \_\_\_\_\_

Primary Specialty \_\_\_\_\_

Secondary Specialty \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**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

### **Payment Method**

**Check:**

Check Number \_\_\_\_\_

Amount \_\_\_\_\_

**Credit Card:**

American Express  Discover  Master Card  Visa

Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

*(last 3 or 4 digits on back of card)*

**3% processing charges will be added to all credit card transactions**

**Mail In/Email completed form:**

**Talha Siddiqui, MD , 1562 Scandia Circle, Reston, VA 20190 / Email Address: ExeDirector@DowAlumni.com**