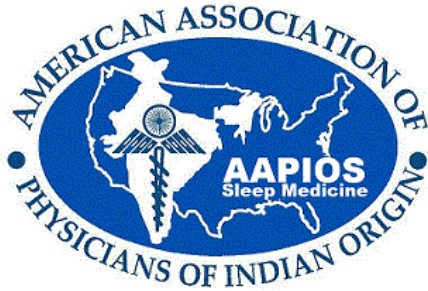


American Association of Physicians of Indian Origin – Sleep (AAPIOS)



Executive Office:

AMERICAN ASSOCIATION OF PHYSICIANS
OF INDIAN ORIGIN – SLEEP (AAPIOS)
C/O GAUTAM SAMADDER MD
99 N BRICE RD SUITE 300
COLUMBUS, OH 43213
Phone: 614-866-8200
Fax: 614-328-0085
www.aapios.org
AAPIOS Tax ID: 45-3204139

NEW MEMBER/PATRON APPLICATION

The American Association of Physicians of Indian Origin Sleep(AAPIOS) extends a one time opportunity to join the organization at a reduced annual membership fee of **\$50.00 per person**. Please fill in the application and fax/mail it to AAPIOS Office along with the payment. Membership is only open to physicians and other health care professionals of Indian Origin practicing sleep medicine.

PROSPECTIVE MEMBER PERSONAL INFORMATION

Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Degree: MD DO Other degrees: _____
(RPSGT, RRT, MBBS, BDS, MBA, PhD etc): _____
Male _____ Female _____ Private Practice ___ Academics ___ Industry ___
Other(specify) _____
Primary Specialty: _____ **Secondary Specialty:** _____
Current address:
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Email: _____
Medical/Dental School: _____
Year of Graduation: _____ Residency Completion Year: _____ Fellowship Completion Year: _____

NOMINATED BY (When applicable)

Last Name: _____ **First Name:** _____ **Middle Initial:** _____
AAPIOS Membership Number:(If know) _____
Current address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Fax: _____ Email: _____
Medical/Dental School: _____
Private Practice _____ Academics ___ Retired ___ Other(specify) _____

Please make a check payable to the American Association of Physicians of Indian Origin Sleep and mail it along with the filled application form to the address below.

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