



AESCULAPIAN MEDICAL SOCIETY

MEMBERSHIP DUES

P. O. BOX 681491
INDIANAPOLIS, IN 46268

Please mail your membership dues to the Aesculapian Medical Society, Inc., at the address above by February 15, 2011.

In addition to submitting your dues with the membership form, please also enclose a recent picture of yourself so we can include it on the Aesculapian Medical Society website. If you have not already done so, please take a look at the website, www.aesculapianmedicalsociety.org.

Name _____

Address _____

Contact Information: (Office): _____

(Home): _____

(Cell): _____

(Fax): _____

E-mail: _____

Medical School: _____

Residency Training: _____

Fellowship Training: _____

Membership Levels:

\$ 200 – Three Years or more in practice

\$ 150 – Less than three years in practice

Amount Enclosed \$ _____

Dues are effective for the Calendar Year (January 1, 2011 through December 31, 2011)