



Membership Application

Thank you for your interest in joining AAPI-HR. Member information will be used for a member directory distributed to members only and will be sorted by name, specialty and city of primary practice location. Most communication regarding AAPI-HR news and events will be via email.

Meetings are conducted four times a year and dues are \$150 per physician. Please complete an application for each physician.

Return the completed form with a check made payable to AAPI-HR and mail to P.O. Box 6428, Portsmouth, VA 23703-6428 or bring to the next scheduled meeting.

For more information on AAPI-HR and meetings, visit www.aapihr.org or email aapihamptonroads@gmail.com.

Last Name _____ First Name _____

Spouse's Name _____

Specialty _____

Email address _____

Primary Office Location

Use for communication

Use for publication

Street address _____

City _____ State _____ Zip _____

Phone number (____) _____

Fax number (____) _____

Home Address

Use for communication

Use for publication

Street address _____

City _____ State _____ Zip _____

Phone number (____) _____