

AMCANA Washington DC, 2026 Registration Form:

Andhra Medical College Alumni of North America

www.amcana.org

First Name: _____ Last Name: _____

Year of Entry to AMC: _____ E-mail: _____

Address: _____

City _____ State: _____ Zip: _____

Cell phone: (_____) _____ . Home phone: (_____) _____ .

SPOUSE: Name: _____

Spouse's Year of Entry to AMC (if applicable): _____

Children (Please include ages):

1) _____ Age: _____

2) _____ Age: _____

3) _____ Age: _____

4) _____ Age: _____

Registration Fee:

	Early bird: (Closes June 30 th)	After June 30, 2026
Alumnus	\$450	\$500
Alumnus+Spouse	\$600	\$700
Each Child Above 10Yr Old	\$100	\$100
International Guest	Free	Free
Life Membership	\$50	\$50
Resident/Fellow	Free	Free

If you would like to donate to **Tax deductible** general fund Please circle one:

\$1000.00 **\$2000.00** **\$5000.00** **Other amount: \$** _____

Please make your check payable to "AMCANA" and mail to:

Andhra Medical College Alumni of North America (AMCANA)

4526 Pebble Beach Drive. Stockton, CA 95219.

Email: info.amcana@gmail.com. If you prefer to do it online, please go to www.amcana.org and click on Donate now button for options.