

AMCANA Atlanta 2024 Registration Form:

Andhra Medical College Alumni of North America

3042 Carmel Dr , Flossmoor IL 60422. Phone: (708) 957-4302

www.amcana.org

First Name: _____ Last Name: _____

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

Address: _____

City _____ State: _____ Zip: _____

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

SPOUSE: Name: _____

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

Children (Please include ages):

1) _____ Age: _____

2) _____ Age: _____

3) _____ Age: _____

4) _____ Age: _____

- Life membership fee: \$50.00
- Alumnus : \$ 350.00
- Alumnus+ spouse: \$ 450.00
- Alumnus+spouse+1 child: \$ 500.00
- Alumnus+spouse+2 children: \$ 550.00
- Foreign guest: \$ 0.00 , • Resident/Fellow: \$ 0.00

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)

3042 Carmel Dr Flossmoor IL 60422-

Phone: (708) 957-4302.

Email: info.amcana@gmail.com. If you prefer to do it online, please go to www.amcana.org