



**IRANIAN MEDICAL SOCIETY
OF GREATER WASHINGTON**

P.O. Box 2471, Merrifield, VA 22116
703-644-8140

APPLICATION for MEMBERSHIP
(Please Print)

Name: _____ Date: _____

Office Address: _____

Mailing Address: _____
(If different than above) _____

Contact Info: (Office Phone) _____ (Other Phone) _____
(Email) _____ (Fax) _____

Does your practice have a website? No Yes (Web Site: _____)

If yes, would you like to have a link from our online directory? Yes No

Specialty: (A) _____ (Board Certified: _____, Board Eligible: _____)

(B) _____ (Board Certified: _____, Board Eligible: _____)

Type of Practice:
 Private Practice Academic Research Retired
 Physician in Training (PGY____) Medical Student (MS____)

Membership:	Active	Intern/ Resident/ Fellow	Retired	Student
Fees:	\$150	\$30	\$50	Free

Please make check payable to "Iranian Medical Society of Greater Washington"