



Association of American Bi-Cultural Doctors

520 8th Avenue, Suite 2201

New York, NY 10018

Tel: (212) 643-0003; Fax: (212) 643-0004; E-mail: main@aabcd.org

Membership Application Checklist

PLEASE READ BEFORE COMPLETING APPLICATION

To submit this application electronically, you must right-click on the "Membership Application Form" link on our website and choose "Save Target As". Save the document to your desktop, complete it, save your changes, and then email it to us as an attachment to main@aabcd.org. Otherwise, fax or mail the completed form the above address.

Membership Due

Applicants are required to pay the first year's membership due of \$150.00 (US). This due must be submitted along with the completed application form and is not refundable.

Additional Information

Additional information may be obtained from the Association of American Bi-Cultural Doctors' website at www.aabcd.org or by contacting their administrative office located at 520 8th Avenue, Suite 2201, New York, NY 10018, (212) 643-0003.

YOU MAY MAIL COMPLETED APPLICATION AND MEMEBERSHIP DUE TO:

**Association of American Bi-Cultural Doctors
520 8TH Avenue, Suite 2201
New York, NY 10018**

OR, YOU MAY FAX COMPLETED APPLICATION WITH CREDIT CARD AUTHORIZATION TO:

(212) 643-0004 FAX



Association of American Bi-Cultural Doctors

520 8th Avenue, Suite 2201

New York, NY 10018

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Application for Membership

CONTACT INFORMATION

Name : _____
Mailing Address : _____
City/State/Zip : _____
Country (non-US) : _____
Phone # : _____
Fax # : _____
E-mail : _____

PRACTICE INFORMATION

Medical Specialty : _____
Primary Location (City/State) : _____
Other Locations (City/State) : _____
Website URL : <http://> _____

LINGUISTIC PROFILE (Languages spoken to your patients by you and your staff.)

	<u>Language</u>	<u>% Spoken</u>
English (incl. %)	English	%
Foreign Language 1 (incl. %)		%
Foreign Language 2 (Incl. %)		%
Total (Incl. %)		100 %

PAYMENT INFORMATION

Charge \$150 on the credit card below:

Select One: Visa MasterCard American Express

Name printed on Card : _____
Billing Address : _____
City/State/Zip : _____
Credit Card Number : _____
Expiration (MM/YY) : _____
3-Digit Code (Visa/MC) : _____
Authorization Signature* : _____

* The Authorization signature is not required for electronic submission.

I am submitting a \$150 check to the following address:

**Association of American Bi-Cultural Doctors
520 8th Avenue, Suite 2201
New York, NY 10018**

