



2010 - 2011 NAMME MEMBERSHIP APPLICATION (JULY 1, 2010 - JUNE 30, 2011)

MEMBERSHIP DATA (PRINT CLEARLY)

First Name:		Last Name:	
Institutional Association:			
Business Title:		Email:	
Highest Level of Education Completed:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

MAILING ADDRESS

Business Address (Street):		
City:	State:	Zip Code:
Business Phone:		Business Fax:

MEMBERSHIP TYPE/PAYMENT

Select your membership type and all other categories that apply

<input type="checkbox"/> Renewal Membership		<input type="checkbox"/> New Membership	
<input type="checkbox"/> Regular (Voting)	\$130.00	\$ _____	
<input type="checkbox"/> Student (Non-Voting)	\$40.00	\$ _____	
Membership #		Payment Method	
		<input type="checkbox"/> Check Enclosed = \$ _____ <input type="checkbox"/> Paid via PayPal = \$ _____	

YOUR PROFESSIONAL DISCIPLINE

Select all that apply

<input type="checkbox"/> Allied Health	<input type="checkbox"/> Osteopathic
<input type="checkbox"/> Allopathic Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Pre-Health/Professional
<input type="checkbox"/> Nursing	<input type="checkbox"/> Public-Health
<input type="checkbox"/> Optometry	<input type="checkbox"/> Veterinary Medicine

YOUR AREAS OF RESPONSIBILITY

Select all that apply

<input type="checkbox"/> Administration	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Admissions/Recruitment	<input type="checkbox"/> General Student Affairs
<input type="checkbox"/> Advising/Counseling	<input type="checkbox"/> Minority Student Affairs
<input type="checkbox"/> Faculty	<input type="checkbox"/> Records/Enrollment Management
<input type="checkbox"/> Research	<input type="checkbox"/> Other

PROFESSIONAL EXPERTISE

Please enter below your areas of specialization and your interest in serving NAMME:

YOUR NAMME AMBASSADOR

If new member, please list the name of the NAMME member who recruited you:

If you are renewing your membership, please indicate the approximate number of years you have been a member _____.

ASSOCIATION USE ONLY

FY 10/11 Dues cover the period of July 1, 2010– June 30, 2011

Received by	Date	Period Credited
<input type="checkbox"/> Annual Conference		
<input type="checkbox"/> Regional Conference		
<input type="checkbox"/> U.S. Mail		Check #
<input type="checkbox"/> Treasurer		
<input type="checkbox"/> Membership Chair		

Regional Designation

<input type="checkbox"/> Central	<input type="checkbox"/> South	<input type="checkbox"/> Northeast	<input type="checkbox"/> Western
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Make Payment to NAMME, Inc.

FED ID#: 52-1391793

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Please visit our National Website
www.nammenational.org