



2024 MEMBERSHIP & DIRECTORY REPLY

NAME: _____

CREDENTIAL/AFFILIATION: _____

EMAIL: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

\$ _____ Yes! Sign me up for 2024 AAPLOG membership (Active through Jan. 15, 2025)

- Membership options: \$5,000 Lifetime Member, \$250 Practicing Physician, \$125 Retired Physicians, \$125 Other Healthcare Professionals, \$75 Retired Other Healthcare Professionals, \$125 Organizational Membership, \$0 Associate Membership, \$0 Medical Students...

\$ _____ My tax-deductible gift to AAPLOG

\$ _____ Total of check

Your dues amount will be prorated based on the date you join before January. Please contact Cathy@aaplog.org to get the amount owed. This does not apply to renewals.

PLEASE LIST MY OFFICE INFORMATION IN THE AAPLOG FIND A PHYSICIAN DIRECTORY (for practicing physicians, some other medical professionals, PCCs, and pro-life organizations)

Use Contact Information Listed Above Use Contact Information Listed Below

PHONE: _____

PRACTICE NAME OR ORGANIZATION: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

OFFICE WEBSITE: _____

SPECIALTY: _____

I'd like to refer these colleagues to AAPLOG (please provide name and contact info)

Please contact Cathy Deeds at 202-230-0997 or Cathy@aaplog.org with any questions, or for help joining or updating your information.

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