

Membership Renewal Application

848 N. Rainbow Blvd., #713 ~ Las Vegas, NV 89107 USA

Phone (Toll Free): 1-800-219-5108 - Fax (Toll Free) 1-866-284-9318

Date:						
MEMBERSHIP TYPE: □ \$ 295 Accree	dited Member – for licens	sed physicians	(i.e. MD, DO)			
NAME (As shown on license) LAST:	LAST: FIRST:		MIDDLE: N		EDICAL DESIGNATION (i.e. MD/DO):	
Contact Information is the same as on file ☐ Yes ☐ No			If "No" please completed form for updated information:			
SEND CORRESPONDANCE TO:			EMAIL ADDRESS**:			
PRACTICE NAME:						
PRACTICE ADDRESS: STREET:	CITY:	.	TATE:	ZIP CODE:	COUNTRY:	
PRACTICE TELEPHONE:	PRACTICE FAX:					
RESIDENCE ADDRESS: STREET:	CITY:	5	TATE:	ZIP CODE:	COUNTRY:	
RESIDENCE TELEPHONE:	CELL PHONE:		SPECIALITY	(IES)/SUBSPECIA	ALITY:	
MEDICAL LICENSE #: STATE/JURISTICION: DATE ISSUED: DATE EXPIRED: OTHER LICENSES (State date issue				THER LICENSES (State date issued):		
		☐ Medium	dium (6-25 physicians)			
Renewal Payment Information						
PAYMENT: Credit Card: AMEX	☐ Visa ☐ MasterCard					
CARD NUMBER:		EX	PIRY DATE:		CARD VERIFICATION NUMBER:	
			/	(mm/yr)	(3 digit number on back of card after the card number	
NAME AS IT APPEARS ON CREDIT CARD:						
** PLEASE INCLUDE AN E-MAIL ADDRESS, CON	FIRMATION AND ALL IA	PAM CORRESI	ONDANCE IS SE	NT VIA E-MAIL		
* PLEASE NOTE: YOU WILL RECEIVE A CHARGE	ON YOUR CREDIT CAF	RD STATEMEN	FROM: IAPAM			
I hereby affirm that the information provided on this application best of my knowledge and belief and is furnished in good fair understand and agree that acceptance of this application, ar I receive notice of approval of my application. I hereby releasthem, from any liability they might incur for their acts, omissis are protected by state, federal and/or international law. I und additional charges your credit card company may charge.	th. I understand that material of d/or dues does not constitute se all persons and entities, inc ons. and/or communications at	omissions or misre approval or accep luding the IAPAM, rising from this app	presentations may restance of my membership their employees and a dication or any membership.	ult in denial of my ap nip, and grants me no agents, and all perso ership decision, to the	plication and/or termination of my membership. I o rights or privileges of membership until such time as ns and entities providing credentialing information to e extent those acts, omissions and/or communications	
APPI ICANT'S SIGNATURE:			DATE			