

Kurnool Medical College Alumni Association of North America
Membership Application / Directory Information

Name: Last _____ First _____

Address: _____

State : _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Year of Med. School Graduation: _____ Specialty: _____

Spouse's Name: _____ Occupation: _____

If MD, then College: _____

Year of Graduation: _____ Specialty: _____

Interests in KMC Alumni activities:

	<u>Children's Names</u>	<u>Birth Date</u>	<u>Interest / Job / College</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Life Membership \$500.00

Biannual Membership \$100.00

Annual Membership \$ 50.00

Member-in-Training No Fee

Check here if you have already
paid your life membership dues.

Please make check payable to KMC-ANA

Mail to :

Sadasiva Reddy MD

148 Hawthorne Dr.

Brooklyn, MI 49230

If you have paid life membership and if it doesn't reflect on your address, please let us know. (LM – on your address label.)

Tell us more about your other business activities, hobbies etc. :

