





AKMG Membership Application

Mail this form along with your payment to:
 Tomy Paul Kalapparambath
 4825 N. Adams Rd, Bloomfield Hills, MI-48304

Association of Kerala Medical Graduates		
AKMG Membership Number (See mailing label, if available):		
Last Name:	First Name:	M.I.:
Home Address:		
City:	State:	Zip:
Home Phone:	Office Phone:	
Fax:	E-mail:	
Specialty:		
Medical College:		Year Entered:
Spouse Name:		Is spouse MD?
*Please fill out a separate form, if spouse is a physician and applying for Joint Membership.		
Comments:		

Membership Fees	
<input type="checkbox"/>	Life Membership US\$ 500.00
<input type="checkbox"/>	Joint Life Membership..... US\$ 750.00
<input type="checkbox"/>	Annual Membership US\$ 50.00
<input type="checkbox"/>	Joint Annual Membership* US\$ 75.00
<input type="checkbox"/>	Resident/Fellow Membership US\$ 10.00
<input type="checkbox"/>	Medical Student Membership (Year of Graduation: _____)..... No Charge
<input type="checkbox"/>	Donation to AKMG_HS (Optional) US\$ _____
*Joint Membership is available for physician couples.	
	Please make check payable to 'AKMG and mail it to: Tomy Paul Kalapparambath 4825 N. Adams Rd, Bloomfield Hills, MI-48304
	Send membership inquiries to: membership@akmg.org