

UNIVERSAL MEDICAL MISSION
1375 Clinton Ave, Irvington, NJ, Phone 973-988-3681/973-280-9191

FOR OFFICIAL USE Application Approval Date _____ Initial _____ Renewal _____ President Approval _____

Name: _____ DOB: _____
City _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Other: _____
Gender: Male Female Other
Email Address for Correspondence: _____
Google Drive Email Address for File Sharing: _____

Circle an area/committee you would like to serve in
Fundraising Education Public Relations By-laws
Other: state _____
Medical Credentials/Degree/Special Skills: _____

Membership Fees: Annual \$50.00	
Membership Type: New Member Renewal	
Please make check payable to: Universal Medical Mission. To pay by credit card call 973-960-5526	
<table border="1"><tr><td>Application and Membership fees Mailing address: Dr. Sivi Jones, Treasurer 1375 Clinton Ave, Irvington, NJ 07111 Phone: 973-988-3681 or 973-280-9191</td></tr></table>	Application and Membership fees Mailing address: Dr. Sivi Jones, Treasurer 1375 Clinton Ave, Irvington, NJ 07111 Phone: 973-988-3681 or 973-280-9191
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I agree to be governed by the bylaws of the organization.	
Signature: _____ Date: _____	