

GENERAL PHYSICIANS ACADEMY OF AMERICA, INC.

5400 Johnson DR #353

Mission KS 66205

Email: gpacademy@dr.com

APPLICATION FOR MEMBERSHIP

General Member Class

Name: _____
Last First Middle Degree

Address: _____
Number Street Suite

_____ City State Zip

Telephone: _____ Date of Birth: _____

Email: _____ Fax: _____

Medical/Osteopathic School: _____
Name

_____ City State Country Date of Graduation Degree

I, the undersigned applicant, certify that the above information is true and correct. I acknowledge and agree that the application fee of \$100 and the first year's dues of \$200 are NON-REFUNDABLE under any circumstances.

Applicant's Signature

Date

The application fee is \$100 and the first year's dues is \$200 (for a total of \$300). Please make your check payable to: "General Physicians Academy of America, Inc."

Please attach payment for the application fee of \$100 plus the first year's dues of \$200 (total of \$300) and return this completed application to the General Physicians Academy of America, Inc. at 5400 Johnson DR #353, Mission KS 66205.