

Complete each section. Sign, date, and mail with check made payable to "NJAMDA":

NJAMDA; c/o OPT Communications; 136 Central Avenue; 2nd Floor; Clark, NJ 07066. Questions? Call **908-454-9902**.

If you have the Venmo app on your mobile device, you can transmit the membership fee to: @Ana-Gomes-2021

Please indicate your profession/s:

- Medical Director
 Attending Physician
 PA
 NP
 Administrator
 DON
 RN
 RPh
 Student
 Resident
 Fellow ... Other LTC Professional _____

Name: _____

Degrees: _____ Title: _____

Contact Information:

E-mail Address: _____

Cell Phone #: _____ Home Phone #: _____

Office Phone #: _____ Fax #: _____

Preferred contact address: Home Office Facility

Mailing address: _____

Alternate contact address: Home Office Facility

Mailing address: _____

Professional affiliation:

Medical director at: _____

Attending physician at _____

Primary specialty: _____

Certified: Yes No If yes, how many years? _____

Secondary Specialty: _____

Certified: Yes No If yes, how many years? _____

Sub Specialty: _____

Certified: Yes No If yes, how many years? _____

NJMDA offers the following membership categories. Please check one.

- Physician: (Physician Medical Director, Attending Physician, Specialist) ----- \$75.00
 NP/PA: (Nurse Practitioner, Physician Assistant, Administrator, Social Worker, Nurse, Pharmacist) ----- \$50.00
 Other LTC Professionals: (Fellows, Residents, Students) ----- FREE

Sign and date: _____

By Checking the box on the left, you have given permission to process your application!