

Renew/Become a Member in 2014

TUCSON MED CLUB



TUCSON MED CLUB
PO Box 43024
Tucson, AZ 85733-3024
www.tucsonmedclub.org

*You should be proud of being an American,
but you should also be proud that your fathers
and mothers came from a land upon which
God laid His gracious hand and raised His
messengers.*

I herewith make application for membership in the TUCSON MED Club. Below is my contact and interest information:

First Name: _____ Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

HomeTel: _____ WorkTel: _____ Fax: _____

Email: _____

Profession: _____ Hobbies: _____

Your birthday (M/D) _____ Your Wedding anniversary (M/D) _____

Spouse's birthday (M/D) _____ Spouse's first name or nickname _____

Children Names and Birthdays (M/D): _____

Do you like to be active in MED Activities?

If yes, suggest some activities you like to organize/participate in: _____

What do you hope to gain from your membership:

Annual Membership Fee: **Individual:** \$35.00 | **Family:** \$70.00

Donation: \$ _____

Total : \$ _____

Please make a check payable to the **Tucson MED Club**. Mail the application form and check to:

Tucson MED Club: P.O. Box 43024, Tucson, AZ 85733-3024.

For further information, please contact either **Salim Hariri** at (520) 977-7954 (hariri02@gmail.com) or **Magdlien Moussa** at (520) 403-7976 (magdalienmoussa@yahoo.com).