



ASSOCIATION OF BLACK WOMEN PHYSICIANS

2011 MEMBERSHIP APPLICATION

A.B.W.P.
4712 Admiralty Way, Suite #175
Marina del Rey, CA 90292
310.364.1438
www.blackwomenphysicians.org

Part 1: General Information

Name:	Degree(s):	Date of Birth:
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Business Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Business Phone:	Business Fax:	

Part 2: Committees

Medical School:	Degree:	Years:
Internship & Residency:		Years:
Graduate School:	Degree:	Year
MD/DO License Number:	Practice Size	
Specialty:	Board Certified:	
Specialty:	Board Certified:	

- Please **do not** include me in the Printed Membership Directory.
- Please **do not** include me in the Website Membership Directory.

Part 3: Committees

Enclosed please find my check in the amount of (check one):

I am interested in serving on the following committees:

- | | | |
|--|--|---|
| <input type="checkbox"/> Advocacy/NEPO | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sister 2 Sister |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Membership | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Charity Benefit | <input type="checkbox"/> Network Council | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Development | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Education | <input type="checkbox"/> Annual Retreat | <input type="checkbox"/> Technology (Website) |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Scholarship Selection | <input type="checkbox"/> Wellness Series |

Part 4: Attestation

Applying for ABWP membership: Membership is contingent upon the Association of Black Women Physicians' (hereafter "ABWP") acceptance of the membership application. The endorsement, deposit or negotiation of an applicant's check does not guarantee admission into or acceptance of membership by the ABWP. Checks received will routinely be deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a refund from the ABWP for the amount submitted.

Conditions of ABWP membership and application: As part of a physician organization committed to strengthening the ethics of medicine, every member pledges to uphold the Principles of Medical Ethics as interpreted in the Code of Medical Ethics, and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council of Ethical and Judicial Affairs.

- The AMA Principles and the Code of Medical Ethics may be viewed online at: www.ama-assn.org/go/codeofmedicalethics
- The AMA's Bylaws and Rules of the Council on Ethical and Judicial Affairs are accessible at: www.ama-assn.org/go/ceja

Applicants and members are required to disclose to the ABWP Executive Board any violations of the Principles of Medical Ethics or illegal conduct. The foregoing is true and complete, and I endorse the aforementioned principles.

NAME _____ DATE _____

