



## Member Information

Please fill in all applicable fields to be added to the JAMA member's mailing list. Return via mail to:

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

### Occupational Information

Business Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Work Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

Do you have a Japanese speaking MD or staff at office? *Yes / No* *Circle one* Type of Practice:  Private Practice  Academic  Retired  Other: \_\_\_\_\_

### Member Preferences & Suggestions

Do you want to receive occasional JAMA email announcements?  
 Do you want your office address to be posted on the JAMA website?  
 Do you have suggestions for JAMA events, speakers?

Would you be interested in smaller venue JAMA events in your area, such as South Bay, Pasadena, or West LA?  
 Would you be willing to host in your office or home?

Would you be interested in joint networking events with dental groups or other medical groups such as KAMA or SAPAAC, etc?

Would you be interested in a JAMA Board or committee position in the future?

Do you have friends that you can recommend for JAMA membership?