

SOUTHWEST ASSOCIATION OF HISPANIC AMERICAN PHYSICIANS



SWAHAP

**S.W.A.H.A.P 2009 Membership Dues**

Name: \_\_\_\_\_  
First Name Middle Name Last Name

MAILING ADDRESS: \_\_\_\_\_  
Street Name State Zip Code

Specialty \_\_\_\_\_ Check Number: \_\_\_\_\_

**MEMBERSHIP VALID FROM JANUARY 1, 2009 TO DECEMBER 31, 2009**

	Amount Paid
Yearly Membership Dues.....	\$300.00
Scholarship Fund (Optional).....	\$50.00
Total.....	

Dues include CME Tuition for 2009 SWAHAP Fall Congress  
Dues must be paid by **No Later than April 1, 2009** in order to avoid late fees  
Scholarship Fund is for Pre-Med Students in the community  
Please send your check & this statement to the SWAHAP office at:

**1444 Montana Suite 101  
El Paso, Texas 79902**

Updating SWAHAP member information:

HOME ADDRESS \_\_\_\_\_  
Street Name

OFFICE ADDRESS \_\_\_\_\_  
Street Name

City State Zip Code

City State ZipCode

HOME PHONE #: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX #: \_\_\_\_\_

**2009 SPOUSES PROGRAM MAILING INFORMATION**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_