



# HELLENIC-AMERICAN MEDICAL AND DENTAL SOCIETY OF SOUTHERN CALIFORNIA

## APPLICATION FOR MEMBERSHIP (Submit CV or Resume if available)

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### Personal

Name in Full \_\_\_\_\_

Place of Birth \_\_\_\_\_

### Home

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Personal Email Address \_\_\_\_\_

### Office

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work E-Mail Address \_\_\_\_\_

Preferred **Mailing** Address (check one)  Home or  Office

Preferred **E-mail** Address (check one)  Home or  Office

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### EDUCATION - INSTITUTION DATE DEGREE

Undergraduate \_\_\_\_\_ Major \_\_\_\_\_

Medical/Dental School \_\_\_\_\_

Internship \_\_\_\_\_

Residency \_\_\_\_\_

Fellowship \_\_\_\_\_

Other \_\_\_\_\_

Specialty and/or Sub-Specialty \_\_\_\_\_

List Honors and Awards \_\_\_\_\_

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### PRESENT ACTIVITIES

Private     University     Research     Industry     Government     In Training     Other

Current Hospital Affiliation(s) \_\_\_\_\_

Teaching Activities \_\_\_\_\_

Society Memberships \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Would you like to actively participate in the Organization?     Yes     No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Fee and Dues **\$50.00** (Please make checks payable to "HAMDS" mail to: HAMDS 1760 Termino Ave., #314, Long Beach, CA 90804)

Additional Voluntary Donations are welcomed and appreciated (enter amount):  \$100     \$150     \$200     Other \$ \_\_\_\_\_ (must be over \$50)

For questions please email: [info@hamds.org](mailto:info@hamds.org)