



Kurnool Medical College Alumni of North America (KMC-ANA)

148 Hawthorn Dr. Brooklyn, MI 49230

Federal Tax ID# 43-191-0287
www.KMC-ANA.org

Lifetime Membership Registration Form

Please print or write legibly

First Name _____ Middle Name/Initial _____ Last Name _____

Study/Work Record in Kurnool Medical College: (Please fill in all those that apply)

- M.B.,B.S. Year of Entry to KMC_____
- M.D./M.S. Year of Graduation_____
- Diploma Year of Graduation _____
- D.M./M.Ch. Year of Graduation _____
- Worked: From _____ To _____

Field of Current Practice or Specialty in the United States: _____

Current Mailing Address: Street: _____ City: _____
State: _____ Zip Code: _____

Phone Numbers: Home: _____ Cell: _____

Email IDs: 1. _____ 2. _____

Payment:

Lifetime Membership Fee _____ \$250.00

Donation to KMC-ANA _____

Total _____

Check # _____

Please mail the filled in form and check to: Anupama D. Voodarla, M.D.
Secretary of the KMC-ANA
8 Merrywood
Simsbury, CT 06070
(732) 322-3285
Vdarla@yahoo.com

Note: Donations made to KMC-ANA are federal tax-deductible. But membership fee is not tax-deductible.