



P.O. Box 8506  
Redlands, CA 92375-1706

### CAPM Renewal Form for 2011-12

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Post-graduate degrees (e.g., MD, DO, MPH): \_\_\_\_\_ Board Cert(s): \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_ Alt. E-mail: \_\_\_\_\_

Preferred Phone No.: (\_\_\_\_) \_\_\_\_\_ Alt. Phone No.: (\_\_\_\_) \_\_\_\_\_  
The no. above is: Home \_\_ Work \_\_ Mobile \_\_ Home \_\_ Work \_\_ Mobile \_\_

Preferred Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The address above is: Home \_\_ Work \_\_

Check if a member of: CMA (Calif. Med. Assoc.) \_\_\_\_\_ ACPM (Amer. Coll. Prev. Med.) \_\_\_\_\_

Employer or main professional affiliation(s) (if retired or medical resident, please indicate):  
\_\_\_\_\_

Updated personal/prof. info.: \_\_\_\_\_

Check here if you would like to become more involved in CAPM (we'll contact you): \_\_\_\_

#### Membership Category and Dues\*

Check category and please make your check payable to "CAPM":

- Regular Membership: \$35 \_\_\_\_
- Retired: \$15 \_\_\_\_
- Resident: \$10 \_\_\_\_
- Medical Student: \$5 \_\_\_\_

Optional contribution (\$15 or more suggested, to replenish depleted Treasury): \$ \_\_\_\_\_

(\*Dues and additional contribution may be deductible as a business expense, though not as a charitable donation.  
CAPM is a nonprofit 501(c)6 corporation, Federal Employer Identification No. 95-6123914)

Please return this form and your payment to: Treasurer, CAPM  
P.O. Box 8506  
Redlands, CA 92375-1706