

Medical Wings International Membership Application

Unlimited Opportunities along the way. You will meet terrific people who share a common bond to help others. And as you work together for a greater good, you will build camaraderie as you test your skills and endurance.

Application and donation may be done online, or you may print this form, fill it out and mail it, a copy of your medical license (if applicable), and your donation.

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Tell us how we may contact you:

Home Telephone: _____ Cell Phone: _____

Work Telephone: _____ Fax: _____

eMail: _____ Alternate eMail: _____

Marital Status: _____

Contact/Emergency:

Name: _____

Telephone: _____

How did you hear about Medical Wings International? [Please circle one]

I found MWI: Referred by a friend Flyer Radio Newspaper Newsletter Surfing the Internet
Doing an Internet Search Other

If Other, please explain: _____

Name of person who referred you: _____

Annual Membership Donation: [Please circle one (Tax Deductible)]

\$45 (Student Membership Only)

\$100 \$125 \$150 \$200 \$300 \$400 \$500 \$1000 Other: _____

I would also like to donate: [Please circle one] My Time Supplies Over the Counter Medicines

Healthcare Specialty: [Please circle one] Physician Dentist Nurse Other

Medical Professionals, please include a copy of your medical license with the application.

Please make checks payable to Medical Wings International. Print the application and mail both check and application to:

Medical Wings International

P.O. Box 610542, Dallas, Texas 75261-0542

Phone 817 375 8111 Fax 817 375 8144

eMail address: info@medicalwings.org website: <http://medicalwings.org>