

WE WANT TO SERVE OUR MEMBERS BETTER!

In an effort to better serve our members, we are asking for your assistance.
Please fill out this form and either fax or
mail it back to us at the address provided below.

◆◆ With respect to our members' privacy,
all information will be kept confidential ◆◆

COMPLETE THIS FORM AND FAX OR MAIL TO:
Tara Hinkle, Membership Coordinator

Most NCAFP communications are published or sent electronically. If you have an email address, please provide it below. In order to receive our messages, you may need to add us to your list of contacts, especially if you have a spam blocker.

Please provide your current information. We are relying on **you** for accuracy. Thank you for your assistance in updating our records!

FULL NAME _____

AAFP ID# _____

PRACTICE NAME & ADDRESS _____

CITY/ZIP _____

OFFICE PHONE (____) _____ FAX (____) _____

E-MAIL _____

HOME ADDRESS _____

CITY/ZIP _____

HOME PHONE (____) _____

My preferred address is Home Office

Your preferred address will be published in the Membership Directory. Your preferred address is also where all AAFP/NCAFP mailings will be sent.

NORTH CAROLINA ACADEMY OF FAMILY PHYSICIANS
1303 Annapolis Drive
Raleigh, NC 27608
Telephone (919) 833-2110 ◆ (800) 872-9482 [within NC]
Fax (919) 833-1801