



Missionary (Active or Retired)

MEMBER APPLICATION FORM

BMD F has multiple membership opportunities available. Dues are set by the BMD F Board of Directors. Dues are for 12 months from the date of joining.

All membership categories are invited to consider becoming a **Founding** or **Sustaining Member**. Circle your membership category below:

• **Founding Member - \$1000+**
Membership tier for those wishing and able to make a significant contribution to the organization, fueling our mission and vision.

• **Sustaining Member - \$500-999**
Membership tier for those wishing and able to offer additional financial support to the organization, fueling our mission and vision.

• **BMD F Member — Complimentary**
Full membership in the organization, with all membership privileges.

Membership Form

Last Name: _____ First Name: _____

Preferred Name: _____

Home Address – Street Address 1: _____

Street Address 2: _____ City: _____

State: _____ Country: _____ Zip: _____

Personal Email (please do not use .edu address): _____

Cell Phone: _____

Additional Information

Professional Degree: _____

Professional Category (circle one): Active Missionary Retired Missionary

Sending Agency: _____

Specialty / Medical Profession (circle one)

- | | | |
|---|--|--------------------------------------|
| Aerospace Medicine | Nephrology | Pediatric Pulmonology |
| Allergy and Immunology | Neurology | Pediatric Rheumatology |
| Anesthesiology | Neurology – Child | Pediatric Surgery |
| Cardiology | Neurosurgery | Physical Medicine and Rehabilitation |
| Colon and Rectal Surgery | Nuclear Medicine | Plastic Surgery |
| Dentistry – General | Obstetrics and Gynecology | Podiatry |
| Dentistry – Endodontics | Occupational Medicine | Pulmonary/Critical Care |
| Dentistry – Orthodontics | Oncology | Psychiatry |
| Dentistry – Pediatrics | Ophthalmology | Public Health |
| Dentistry – Periodontics | Optometry | Radiation Oncology |
| Dentistry – Prosthodontics | Oral and Maxillofacial Surgery | Radiology – Diagnostic |
| Dermatology | Orthopaedic Surgery | Radiology – Interventional |
| Endocrinology | Otolaryngology – Head and Neck Surgery | Rheumatology |
| Emergency Medicine | Pathology | Surgery – General |
| Family Medicine | Pediatrics | Surgery – Vascular |
| Gastroenterology | Pediatric Cardiology | Thoracic and Cardiac Surgery |
| Genetics | Pediatric Critical Care | Urology |
| Hematology | Pediatric Endocrinology | Other _____ |
| Infectious Disease | Pediatric Gastroenterology | |
| Internal Medicine | Pediatric Infectious Disease | |
| Internal Medicine/Pediatrics (Med/Peds) | Pediatric Nephrology | |

Sub-specialty: _____

Place of Worship (please include name, city, state, country): _____

Short/Long-Term Mission Experience or Area(s) of Interest (circle all that apply)

- | | | | |
|---------------|--------|-------------|-----------------------|
| North America | Europe | Middle East | Australia/New Zealand |
| South America | Africa | Asia | Other _____ |

What other information would you like BMDF to know about you?_____

Dues Amount: \$_____

(Please enter the appropriate amount based upon your membership category chosen.)

Additional Donation: \$_____

Total Payment: \$_____

Please make checks payable to: Baptist Medical Dental Fellowship

Mail checks to:

Baptist Medical Dental Fellowship

3331 Rainbow Drive

Suite E, PMB 167

Gadsden, AL 35906

Baptist Medical Dental Fellowship is an exempt organization under Section 501(c)(3) of the Internal Revenue Code. Membership dues and donations are considered deductible as charitable contributions by the Internal Revenue Service (IRS).