

**Hungarian Medical Association of America**

**Auxiliary**

**Membership Application Form/ Invoice 2002-2003**

**(new members & renewals)**

Name: \_\_\_\_\_ Area of interest: fundraising \_\_\_\_  
Address: \_\_\_\_\_ registration \_\_\_\_  
\_\_\_\_\_ social events \_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ children's program \_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ sports \_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_ membership \_\_\_\_  
other \_\_\_\_

**Application fee:**

\_\_\_\_\$75 one time joining fee ( includes 1<sup>st</sup> year membership fee )  
\_\_\_\_\$25 annual membership fee

**Currently, the following endowment funds are open for donation.**

**Please accept my donation for the following fund(s):**

\$\_\_\_\_ Educational Fund  
\$\_\_\_\_ Ertl John Endowment Fund  
\$\_\_\_\_ Matolcsy-Family Endowment Fund  
\$\_\_\_\_ Rival Jan-Haas Peter Endowment Fund  
\$\_\_\_\_ Sandor Anna Endowment Fund

Please print and complete this form and return with payment. It can also be downloaded at [www.hmma.org/auxiliary/htm](http://www.hmma.org/auxiliary/htm)

**Make check payable to: HMAA - Auxiliary**

Mail to: Andrea Varga, MD  
4121 Hearthside Dr. # 204  
Wilmington, NC 28412

Please forward this form to anyone you know would like to join.

Join the auxiliary or pay your dues if you are already a member !!! We need creative, enthusiastic people like you for a real teamwork!!!

Further information on the auxiliary is available at [www.hmaa.org/auxiliary/htm](http://www.hmaa.org/auxiliary/htm)

or contact the auxiliary Membership Chair: Andrea Varga, MD

[vargandrea@yahoo.com](mailto:vargandrea@yahoo.com)