



# NORTH CAROLINA MEDICAL GENETICS ASSOCIATION

## MEMBERSHIP FORM

Dear Member / Future Member:

Thank you for your interest in and support of the North Carolina Medical Genetics Association (NCMGA). Yearly dues are \$25. Dues are important to subsidize the cost of meetings, invited speakers and special projects. Members enjoy voting privileges at the annual business meeting as well as receiving important notices through the NCMGA listerv.

If your contact information has changed since last year or you are a new member, please provide your information below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/University: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Subcommittee (please circle):

- Genetic counseling
- Clinical genetics
- Cytogenetics
- Molecular genetics
- Biochemical genetics

**If not registering at an NCMGA meeting, please return this letter with the annual membership fee of \$25.00 payable to NCMGA via the current Secretary / Treasurer:**

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**Please make checks payable to: NCMGA**

**Thank you for supporting NCMGA!**