



INFECTIOUS DISEASE ASSOCIATION of CALIFORNIA

Membership Application

2010 Membership Dues — \$125

(January-December, 2010)

Includes all of the IDAC benefits, including Free registration for the 2010 Spring & Fall Symposia

Membership Categories: Full Member (California M.D.)

Associate Member (check category)

Pharm.D.

Ph.D.

M.D. outside CA

Infection Control Practitioner / Nurse

Microbiologist

I.D. Fellows can contact IDAC office for Fellows membership form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____

Are you a member of: Infectious Disease Society of the Americas

California Medical Association

County Medical Association

Were you trained in an I.D. fellowship program? Yes No

Are you Board Certified in Infectious Diseases? Yes No

Do you see HIV patients? Yes No

Mail Completed Form with a check to:

IDAC

PO Box 66751

Los Angeles, CA 90066

For info, call: (310) 216-9265 or e-mail: idad@idad.org