



## Minnesota Association of Black Physicians 2008 Membership Form

Please fill out this form and then visit our website  
at <http://www.mabp.org/mabpdues> to pay your membership dues.

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Your Full Name (first, last); Professional Degree & Specialty, or Community Member

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Name of your ORGANIZATION

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Preferred Mailing Address

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E-mail Address

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Preferred Telephone Number

Fax Number

Please give this form to the MABP Secretary at the next meeting, or you can mail it to:  
Minnesota Association of Black Physicians (MABP)  
c/o Tamiko Morgan  
701 Park Ave. G-7  
Minneapolis, MN 55415

**You can also provide a separate tax-deductible contribution to the Minnesota Association of Black Physicians Foundation by visiting the MABP Foundation website at: <http://www.mabp.org/foundation>.  
Thank you!**