



**NATIONAL MEDICAL ASSOCIATION
STATE AND LOCAL SOCIETY
UPDATE FORM FOR OFFICERS**

Please update this form if you hold office as “**PRESIDENT**” in any State or Local Society of the National Medical Association.

NAME OF SOCIETY: _____

PRESIDENT NAME: _____

ADDRESS: _____

PHONE NUMBER: (Office) _____

(Cell) _____

E-MAIL: _____

Are you a member of the National Medical Association? ___ Yes ___ No

PLEASE FORWARD FORM TO: dmccreary@nmanet.org or cthompson@nmanet.org