



NORTH CAROLINA MEDICAL GENETICS ASSOCIATION

MEMBERSHIP RENEWAL FORM

Dear Member:

Thank you for your continued interest in 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, please provide your new contact information:

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** to:

Ofri Leitner, MS, CGC
University of North Carolina
Genetics Department CB# 7264
Chapel Hill, NC 27599
Phone: 919-843-0827
Fax: 919-966-4151

Please make checks payable to: NCMGA

Thank you for supporting NCMGA!