

REGISTRATION AS A SEVENTH-DAY ADVENTIST HEALTH PROFESSIONAL

Dear Fellow Adventist Medical Professional,
This is an online questionnaire patterned somewhat after the items found in the Loma Linda University School of Medicine Alumni Association Directory but also included are several items about your interests and abilities that would make the database valuable for both Adventist medical fellowship and for planning medically related Church activities. It's certainly is not intended to infringe on your right to privacy and no item is a "required item" so please give all the information that you are comfortable sharing. The directory and database are joint projects of the Adventist International Medical Society in cooperation with the Loma Linda Branch Office of the General Conference of Seventh-day Adventists. It is of course impossible to guarantee who will look at a directory but the information will be shared only with fellow Seventh-day Adventist Health Professionals and health-related entities of the Seventh-day Adventist Church. Thank you very much for your effort and cooperation.

Send your response to:
Adventist International Medical Society (AIMS)
11245 Anderson Street, Suite 200
Loma Linda, CA 92354

Or via email to: [AIMS Webmaster](#)

Adventist International Medical Society (AIMS) is offering a current year dues free membership to new members.

Would you like to join? YES _____ NO _____

If no please register as an SDA anyway.

Registration Form

PROFESSION _____

TITLE _____

LAST NAME _____

FIRST NAME _____

PROFESSION _____

MIDDLE NAME _____

NAME OF SPOUSE _____

EMAIL _____

HOME ADDRESS

Line1 _____

HOME ADDRESS Line

2 _____

HOME CITY _____

HOME STATE or PROVINCE _____

ZIP or POSTAL CODE _____

HOME PHONE (_____) _____ - _____

COUNTRY _____

OFFICE ADDRESS Line

1 _____

OFFICE ADDRESS Line

2 _____

OFFICE CITY _____

ZIP or POSTAL CODE _____

OFFICE PHONE (_____) _____ - _____

CELL PHONE (_____) _____ - _____

FAX PHONE (_____) _____ - _____

PROFESSIONAL DEGREE(S) _____

YEAR OF GRADUATION _____

SCHOOL WHERE

PROFESSION _____

GRADUATED _____

SPECIALTY(IES) _____

BOARD CERTIFIED _____

OTHER DEGREES, SOCIETY MEMBERSHIP, ETC.

DATE OF BIRTH _____

GENDER _____

RETIRED _____

INTEREST IN SDA CHURCH SERVICE FOR:(1-10 Scale)

SHORT TERM _____

LONG TERM _____

SPECIAL PROJECT?

INTEREST IN ADVENTIST LIFESTYLE MEDICINE _____

YOUR HOME CHURCH _____

YOUR HOME CONFERENCE OR MISSION _____

COMMENTS _____

