

IDAA Membership Form

Date: _____

IDAA is an organization of women and men who have doctorate degrees in the health care profession. We are physicians in nearly every specialty, dentists, veterinarians, educators, psychologists, and others. The only requirement for membership is the doctor's desire to belong. There are no dues or fees in IDAA. All information is kept in strictest confidence in the IDAA Central Office.

Update or New Membership: New Member Update Membership

Name (first, middle, last): _____

Date of Birth (mm/dd/yyyy): _____ Degree: _____ Email: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ This address is my: Home Business

Home Phone: _____ Business Phone: _____ Fax: _____

Practice Specialty: _____ Sex: Male Female

Recovery Affiliation: AA NA Al-Anon Other: _____

Are you willing to help other recovering doctors in your area? Yes No

Sobriety Date: _____ Spouse/SO Name: _____

If your spouse/significant-other belongs to Al-Anon AND would like to receive Al-Anon related IDAA information via a mailing list, please put their email address here: _____

Who can we contact if we are unable to reach you?
(name, address, phone number)

Additional Comments:

Please mail this completed form to:

IDAA Central Office -- Membership
3311 Brookhill Circle
Lexington, KY 40502