



# MEMBERSHIP APPLICATION

## Contact Information

\_\_\_\_\_  Male  Female  
 (Prefix) First Name Last Name

\_\_\_\_\_ State Zip  
 Address

\_\_\_\_\_ Email Address  
 \*Mobile Phone Home Phone

Yes  No  
 May AMAA contact you using the AMAA \*text message system? (Rates may apply)

\_\_\_\_\_ Medical Specialty  
 Spouse/Partner Name Preferred Name

\_\_\_\_\_ County of Alliance/County Alliance Name  
 County of Residence

## Annual Membership Types & Dues (please check one)

### Individual Membership

- Regular Member or Spouse — \$65
- \*Early Career Member or Spouse — \$45
- Medical Student Member or Spouse — \$15
- Resident Physician Member or Spouse — \$15

### Couples Membership

- Regular Member Couple — \$100
- Early Career Couple — \$65
- Medical Student Couple — \$20
- Resident Physician Couple — \$20

TOTAL AMOUNT DUE (including AHEI donation): \$ \_\_\_\_\_

\*Early Career Membership is for individuals or couples who have been out of residency for up to three (3) years.

### Donation to AHEI

I would like to make a tax-deductible donation of \$ \_\_\_\_\_ to Alliance Health Education Initiative (AHEI), a 501c3. My donation will support Alliance Initiatives and is included in my membership payment.

## Member Information

Occupation: \_\_\_\_\_

Check below to receive more information on any of the following:

- Early Career Member Activities
- Female Physicians
- IMG (International Medical Graduates)
- Male Member Activities
- Starting a local Alliance
- Volunteer opportunities
- Geographic areas of interest
- Health Initiatives/Programs
- Leadership opportunities
- Savvy Seniors (60+)
- State Ambassador Program

Please list any specific skills or volunteer interests: \_\_\_\_\_

Why Do You Want to Join?: \_\_\_\_\_

### How did you hear about the AMA Alliance?

- Local/State Alliance
- Physician Family magazine
- Social Media
- Internet Search
- Friend Recommendation

Name \_\_\_\_\_

Other: \_\_\_\_\_

## Payment Information

Payment form:  CASH  Check (# \_\_\_\_\_)  Credit Card (Call AMAA Toll Free: 1-800-549-4619)

Application, along with payment method, may be mailed to AMA Alliance, 5329 Fayette Avenue, Madison, WI 53713.