



MEMBERSHIP APPLICATION

Contact Information

Contact information form with fields for Name, Address, Phone, Email, Spouse/Partner, etc.

Annual Membership Types & Dues (please check one)

- Individual Membership: Regular, Early Career, Medical Student, Resident Physician
Couples Membership: Regular, Early Career, Medical Student, Resident Physician

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.

Member Information

Occupation: _____

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

- Early Career Member Activities, Female Physicians, IMG, 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, 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.