



Connecting Physician Families for Healthier Communities

AMAA Affiliate/State/County Member Dues Application

Organization Information:

Person Processing Dues for Organization: First Name:
Last Name: Address:
City, State, Zip: Phone:
Email: Organization Website:
Organization Current President: First/Last Name:
Email: Phone:

Dues Information:

Period Covered by Dues Collected:
Number of Regular Members @ \$65 Each: Number of Regular Member Spouses @ \$65 Each:
Number of Regular Member Couples @ \$100 Each: Number of Medical Student Members @ \$15 Each:
Number of Medical Student Member Spouses @ \$15 Each:
Number of Medical Student Members Couples @ \$20 Each:
Number of Early Career Physician Members @ \$45 Each: No. of Early Career Physician Spouses @ \$45 Each:
(first three years after residency)
Number of Early Career Physician Members Couples @ \$65 Each:
Number of Resident Physician Members @ \$15 Each: No. of Resident Physician Members Spouses @ \$65 Each:
Number of Resident Physician Members Couples @ \$20 Each:
Fiscal Year Month Start: Fiscal Year Month End:
Theses dues are for the membership fiscal year:
2020-2021: 2021-2022: 2022-2023: 2023-2024: 2024-2025:
Total Amount Submitted: Check Number:
Additional Collections Planned:

Please Attach: A list of your members:

Name, Address, Phone, Email, Spouse if applicable, Alliance and Payment total per person

Please attach payment, or, contact our office to use a credit card at: 800-549-4619

Application, payment and list of members can be mailed to: AMA Alliance, 5329 Fayette Ave., Madison, WI 53713