



Connecting Physician Families for Healthier Communities

AMAA Gift Membership

Existing Member Information (Giver):

Contact Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

New Member Information (Receiver):

First/Last Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Additional Information (If known):

Spouse or Partner: _____

Official Name of the State of County Alliance _____

County of Residence: _____ Year Training Completed _____

Membership Fees:

___ Regular Member Couple: \$100

___ Early Career Couple: \$65.00

___ Medical Student Couple: \$20.00

___ Resident Couple: \$20.00

___ Regular Member: \$65.00

___ Regular Member Spouse: \$65.00

___ Medical Student: \$15.00

___ Medical Student Spouse: \$15.00

___ Resident Physician: \$15.00

___ Resident Physician Spouse: \$15.00

___ First 3 Years After Residency: \$45.00

___ First 3 Years After Residency Spouse: \$45.00

Additional Comments:

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

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