



## Connecting Physician Families for Healthier Communities

### AMAA Affiliate/State/County Leadership Update

#### Organization Information:

Official Name of the State or County Alliance: \_\_\_\_\_

Alliance Type: \_\_\_\_ County \_\_\_\_ State

#### **PRESIDENT**

President: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **CO-PRESIDENT**

Co-President: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **TREASURER**

Treasurer: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **MEMBERSHIP CHAIR**

Membership Chair: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **EXECUTIVE DIRECTOR/ADMINISTRATOR**

Executive Director: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **PRESIDENT ELECT**

President Elect: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **KEY CONTACT**

Key Contact: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **TREASURER / DUES PROCESSOR**

Treasurer: First/Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **LEADERSHIP CHANGE**

Effective date of Leadership Change: \_\_\_\_\_ Address \_\_\_\_\_

City, State and Zipcode: \_\_\_\_\_

Please mail to: AMA Alliance, 5329 Fayette Ave., Madison, WI 53713 or email: [amaallianceinfo@gmail.com](mailto:amaallianceinfo@gmail.com)