

Connecting Physician Families for Healthier Communities

MEMBERSHIP APPLICATION

Contact Information					
			🗖 Male	Gerale Female	
(Prefix) First Name	Last Name				
Address		State	Zip		
*Mobile Phone	Home Phone	Email Address			
May AMAA contact you usir	ng the AMAA *text message system? (/	Rates may apply)	Yes	D No	
Spouse/Partner Name	Preferred Name	Medical Specia	lty		
County of Residence	County of Alliance/County	Alliance Name			

Annual Membership Types & Dues (please check one)

Individual Membership	Couples Membership	Donation to AHEI	
Regular Member or Spouse — \$65	🖵 Regular Member Couple — \$100	l would like to make a tax-	
🖵 *Early Career Member or Spouse — \$45	Early Career Couple — \$65	deductible donation of \$ to Alliance Health Education Initiative (AHEI), a	
Medical Student Member or Spouse — \$15	Medical Student Couple — \$20		
Resident Physician Member or Spouse — \$15	Resident Physician Couple — \$20	501c3. My donation will	
		support Alliance Initiatives and	
TOTAL AMOUNT DUE (including AHEI donation):	\$	is included in my membership	
*Early Career Membership is for individuals or couples who have	payment.		

Member Information

Occupation:	How did you hear about the	
Check below to receive more information on any of	AMA Alliance?	
 Early Career Member Activities Female Physicians IMG (<i>International Medical Graduates</i>) Male Member Activities Starting a local Alliance 	 Geographic areas of interest Health Initiatives/Programs Leadership opportunities Savvy Seniors (60+) State Ambassador Program 	 Local/State Alliance <i>Physician Family</i> magazine Social Media Internet Search Friend Recommendation
Volunteer opportunities Please list any specific skills or volunteer interests:	Name Other:	

Payment Information

Payment form: CASH

Check (#_____)

Credit Card (*Call AMAA Toll Free: 1-855-605-7243*)

Application, along with payment method, may be mailed to AMA Alliance 550M Ritchie Hwy #271, Severna Park, MD, 21146.