



Connecting Physician Families for Healthier Communities

AMA 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, 1502 W. Broadway, Suite 102, Madison, WI 53713 or email: amaallianceinfo@gmail.com