



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, 1502 W. Broadway, Suite 102, Madison, WI 53713