



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: _____

These 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, 5329 Fayette Ave., Madison, WI 53713