



Connecting Physician Families for Healthier Communities

AMAA Gift Membership

**Existing Member Information (Giver):**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

**New Member Information (Receiver):**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Additional Information (If known):

Spouse or Partner: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Year Training Completed \_\_\_\_\_

**Membership Fees:**

\_\_\_ Regular Member Couple: \$100

\_\_\_ Early Career Couple: \$65.00

\_\_\_ Medical Student Couple: \$20.00

\_\_\_ Resident Couple: \$20.00

\_\_\_ Regular Member: \$65.00

\_\_\_ Regular Member Spouse: \$65.00

\_\_\_ Medical Student: \$15.00

\_\_\_ Medical Student Spouse: \$15.00

\_\_\_ Resident Physician: \$15.00

\_\_\_ Resident Physician Spouse: \$15.00

\_\_\_ First 3 Years After Residency: \$45.00

\_\_\_ First 3 Years After Residency Spouse: \$45.00

**Additional Comments:**

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Please attach payment, or, contact our office to use a credit card at: 800-549-4619

Application and payment can be mailed to: AMA Alliance, 1502 W. Broadway, Suite 102, Madison, WI 53713