



MEMBERSHIP APPLICATION

Contact Information

Contact information fields including Name, Address, Phone, Email, and Spouse/Partner details.

Annual Membership Types & Dues (please check one)

- Individual Membership options: Regular, Early Career, Medical Student, Resident Physician.
Couples Membership options: Regular, Early Career, Medical Student, Resident Physician.

TOTAL AMOUNT DUE (including AHEI donation): \$ \_\_\_\_\_

\*Early Career Membership is for individuals or couples who have been out of residency for up to three (3) years.

Donation to AHEI section with text: I would like to make a tax-deductible donation of \$\_\_\_\_\_ to Alliance Health Education Initiative (AHEI), a 501c3. My donation will support Alliance Initiatives and is included in my membership payment.

Member Information

Occupation: \_\_\_\_\_

Check below to receive more information on any of the following:

- Checkboxes for: Early Career Member Activities, Female Physicians, IMG, Male Member Activities, Starting a local Alliance, Volunteer opportunities, Geographic areas of interest, Health Initiatives/Programs, Leadership opportunities, Savvy Seniors (60+), State Ambassador Program.

Please list any specific skills or volunteer interests: \_\_\_\_\_

Why Do You Want to Join?: \_\_\_\_\_

How did you hear about the AMA Alliance? section with checkboxes for Local/State Alliance, Physician Family magazine, Social Media, Internet Search, Friend Recommendation, and Other.

Payment Information

Payment form: [ ] CASH [ ] Check (# \_\_\_\_\_) [ ] Credit Card (Call AMAA Toll Free: 1-800-549-4619) Application, along with payment method, may be mailed to AMA Alliance, 1502 West Broadway, Suite 102, Madison, WI 53713