



# MEMBERSHIP APPLICATION

## Contact Information

|   |   |                               |                                 |
|---|---|-------------------------------|---------------------------------|
| _____   |   | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| (Prefix)  | First Name                              | Last Name                     |                                 |
| _____   |   | _____                         |                                 |
| Address   |   | State                         | Zip                             |
| _____   |   | _____                         |                                 |
| *Mobile Phone   | Home Phone                              | Email Address                 |                                 |
| _____   |   | _____                         |                                 |
| May AMAA contact you using the AMAA *text message system? (Rates may apply) |   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |
| _____   |   | _____                         |                                 |
| Spouse/Partner Name   | Preferred Name                          | Medical Specialty             |                                 |
| _____   |   | _____                         |                                 |
| County of Residence   | County of Alliance/County Alliance Name |                               |                                 |
| _____   |   | _____                         |                                 |

## Annual Membership Types & Dues (please check one)

### Individual Membership

- Regular Member or Spouse — \$65
- \*Early Career Member or Spouse — \$45
- Medical Student Member or Spouse — \$15
- Resident Physician Member or Spouse — \$15

### Couples Membership

- Regular Member Couple — \$100
- Early Career Couple — \$65
- Medical Student Couple — \$20
- Resident Physician Couple — \$20

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

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Early Career Member Activities        | <input type="checkbox"/> Geographic areas of interest |
| <input type="checkbox"/> Female Physicians                     | <input type="checkbox"/> Health Initiatives/Programs  |
| <input type="checkbox"/> IMG (International Medical Graduates) | <input type="checkbox"/> Leadership opportunities     |
| <input type="checkbox"/> Male Member Activities                | <input type="checkbox"/> Savvy Seniors (60+)          |
| <input type="checkbox"/> Starting a local Alliance             | <input type="checkbox"/> State Ambassador Program     |
| <input type="checkbox"/> Volunteer opportunities               |   |

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

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

### How did you hear about the AMA Alliance?

- Local/State Alliance
- Physician Family magazine
- Social Media
- Internet Search
- Friend Recommendation

Name \_\_\_\_\_

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, 2598 E. Sunrise Boulevard, Suite 2104, Fort Lauderdale, FL 33304