



Individual Supporter Application

For: Individuals who are ineligible for membership, but wish to support the AMA Alliance

Name _____

Address _____

Cell Phone _____

Alternate Phone _____

Email _____

Individual Supporters

\$65 annually – Supporters will receive a mailed subscription to our publication (*Physician Family Magazine/Alliance in Motion*) and a \$50 tax deductible donation to a 501(c)(3) organization the AMA Alliance supports.

Choose one: _____ **Alliance Health Education Initiative** – My donation will support community health education and charitable endeavors in collaboration with the AMA Alliance and its affiliated state, county and parish Alliances, and other health-oriented civic and charitable community groups.

_____ **AMA Alliance Grassroots Physicians of Tomorrow Scholarship through the AMA Foundation**– My donation will support the endowed scholarship fund. Scholarships are awarded to rising 4th year medical students with an interest in and commitment to women’s and/or children’s health issues.

I would like to make an additional donation in the amount of \$_____ to support the AMA Alliance. This donation will not be tax deductible.

TOTAL AMOUNT DUE (Including additional donation): \$_____

Please note: A Supporter Membership is a charitable membership and does not constitute a full voting membership in the AMA Alliance as described in our bylaws.

Please send application and payment to:

AMA Alliance
1502 West Broadway
Suite 102
Madison, WI 53713
1-800-549-4619

Thank you!