### AMAAlogo.jpg

### State and County Leadership Contact Form

Your Name:

Your Title:

Official name of the state or county alliance

### Section 1 – Contact information for Leaders

### Use the format on the form below to give us the necessary information for all offices and committee chairs as applicable. If your structure does not fit these titles, please tell us the terms you use for your leadership team. Thank you!

### President

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### President-elect

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### First Vice President or Other

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### Secretary

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
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### Treasurer

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

**Immediate Past President**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### AMA Foundation Committee Chair or Fundraising Chairman

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### Health Promotion Chair

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

**Legislation Chair**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### Membership Chair

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

### Resident Physician Spouse/Medical Student Spouse Chair

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

**Staff Executive**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
| Your e-mail address will not be shared, sold, traded, exchanged or rented. | | | |

**Who handles dues submissions for your alliance?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Fax: | |
| Daytime Phone | |  | |
| E-mail address: | | | |
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What is your Fiscal Year? From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your Officer Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When is your annual meeting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other meetings for training or legislative advocacy or for other reasons?

If so, please list.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your State Dues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you bill for AMA Alliance dues?\_\_\_\_\_\_\_\_\_\_\_   
  
Is it possible to pay state dues and not AMA Alliance dues?\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
What percentage of your members are AMA Alliance members?\_\_\_\_\_\_\_\_\_

How can we help raise that percentage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the Active Counties in your state and provide phone and e-mail contact information. Note any that are in danger of folding. (use separate sheet)..

Your signature:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Medical Association Alliance

550M Ritchie Hwy, # 271

Severna Park, MD 21146

Fax: 410-544-4640

Email form to: [admin@amaalliance.org](mailto:admin@amaalliance.org)