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| --- | --- |
| **MEMBER INFORMATION** | |
| NAME |  |
| SPOUSE |  |
| STREET |  |
| CITY, STATE, ZIP |  |
| PHONE | Cell Other |
| EMAIL ADDRESS |  |

|  |  |  |
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| **YOUR MEMBERSHIP CHOICES** | | |
| **Choose your level** | **Mark the appropriate selections** | **$** |
| **FWMS Alliance:**  Local membership. Receive e-letters, invitations to social and service events. Supports scholarships and health initiatives in Fort Wayne. See reverse side to learn more! | * $45 Standard * $25 Retired * $0 Med Student or Resident * $25 Friend (non-physician families) |  |
| **State (ISMA)Alliance:** Optional but encouraged.Improves the integrity of medicine in IN. Statewide initiatives such as reducing Infant mortality. | * $35 |  |
| **National (AMA) Alliance:** Optional but encouraged.Large-scale health initiatives, like reducing opioid addiction. Members receive excellent quarterly magazine. | * $65 * $100 AMA-A Couple |  |
| **TOTAL DUES** | |  |
| **Additional donation, optional** **($25 -$50 suggested) \*S**  Health Career Scholarships $ \_\_\_\_\_\_\_  Cinderella Dress Day $ \_\_\_\_\_\_\_  Doctors Day $ \_\_\_\_\_\_\_  Snacks for Medical Students $ \_\_\_\_\_\_\_  2020-21 Food Insecurity Initiative $ \_\_\_\_\_\_\_\_ | |  |
| **TOTAL ADDITIONAL DONATIONS** | |  |
| **YOUR TOTAL CONTRIBUTION** **(dues plus donation)** | |  |

Mail completed form to Betty Canavati, **FWMS Alliance, 6630 Amber Road, Fort Wayne, IN 46814**

along withcheck payable to FWMSA (Ft Wayne Medical Society Alliance)