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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
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| **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 suggested) \*S** Health career scholarships $ \_\_\_\_\_\_\_Cinderella Dress Day $ \_\_\_\_\_\_\_Doctors Day $ \_\_\_\_\_\_\_Snacks for medical students $ \_\_\_\_\_\_\_General fund $\_\_\_\_\_\_\_ |  |
| **TOTAL ADDITIONAL DONATIONS** |  |
| **YOUR TOTAL CONTRIBUTION** **(dues plus donation)** |  |

Mail completed form to **FWMS Alliance, 709 Clay St, Ste 101, Fort Wayne, IN 46802**

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