ALLIANCE
Fort Wayne Medical Society
Connect. Promote. Support.

MEMBERSHIP FORM

Complete this form, scan QR code, or visit www.alliancefw.org to register and donate online.

SCAN ME

Please complete by OCT 1, 2026

NAME_____

SPOUSE/PARTNER NAME_____

ADDRESS_____

CITY/STATE/ZIP _____

PHONE: CELL_____ OTHER _____

EMAIL ADDRESS _____BIRTHDATE:MONTH/DAY_____

MEMBERSHIP OPTIONS:

FWMS ALLIANCE:
Local membership. Receive e-letters, invitations to social & community service events, Support scholarships and health initiatives in Fort Wayne.

*Standard $50
*Retired $25
*Med Student/ Resident FREE
*Friend $25 (non-physician family)

STATE ALLIANCE:
Improve the integrity of medicine in IN. Contribute to statewide initiatives.

FREE

NATIONAL(AMA)ALLIANCE:
Go to amaalliance.org

VOLUNTEER OPPS :Check all that apply.Visit website for descriptions.

Doctor's Day: Committee or Volunteer _____

Cinderella Dress Day: Committee or Volunteer _____

Trivia Night Fundraiser for Medical Career Scholarships: Committee or Volunteer _____

Membership: Committee or Recruitment _____

Communication: Assist with Social Media/Website _____

ADDITIONAL DONATIONS:

Health Career Scholarships for graduating seniors ($500-$5000/applicant) $_____

Cinderella Dress Day (underwrite expenses for event) $ _____

Doctor's Day (Pay for gift cards, food bags, or prizes for families) $ _____

IUFW School of Medicine (Annual BBQ, snacks,beverages) $ _____

General Operational Fund $ _____

Trivia Night (underwrite expenses for event)$_____

TOTAL CONTRIBUTION $ _____

Make check payable to FWMSA and mail with completed form to Betty Canavati 6630 Amber Road, Fort Wayne, IN 46814