

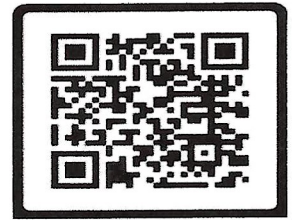


ALLIANCE

Fort Wayne Medical Society
Connect. Promote. Support.

MEMBERSHIP FORM

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



Please pay by Nov 1.

MEMBER INFORMATION	
NAME	
SPOUSE	
STREET	
CITY, STATE, ZIP	
PHONE	Cell _____ Other _____
EMAIL ADDRESS	Birthday (Month and Day) _____

YOUR MEMBERSHIP CHOICES						
Indicate your desired selections						
FWMS Alliance: Local membership. Receive e-letters, invitations to social and service events. Supports scholarships and health initiatives in Fort Wayne.	<table border="1"> <tr> <td>\$50 Standard</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">\$</td> </tr> <tr> <td>\$30 Retired</td> </tr> <tr> <td>\$30 Friend (non-physician families)</td> </tr> <tr> <td>\$ 0 Med Student/Resident</td> </tr> </table>	\$50 Standard	\$	\$30 Retired	\$30 Friend (non-physician families)	\$ 0 Med Student/Resident
\$50 Standard	\$					
\$30 Retired						
\$30 Friend (non-physician families)						
\$ 0 Med Student/Resident						
State (ISMA) Alliance:	\$0					
National (AMA) Alliance:	Go to: amaalliance.org/membership					
Additional Donations, optional (\$25-\$50)						
Health Career Scholarships	\$ _____					
Cinderella Dress Day	\$ _____					
Doctors Day	\$ _____					
Snacks for Medical Students	\$ _____					
General Fund	\$ _____					
TOTAL ADDITIONAL DONATIONS	\$					
YOUR TOTAL CONTRIBUTION (dues plus donation)	\$					

Your \$50 Dues Donation Distribution	
Administrative	\$ 1.50
Board Development	\$ 0.50
Marketing	\$ 3.00
Membership Engagement	\$ 2.50
Community Health Programs	\$22.00
Medical Education	\$13.50
Community Support	\$ 5.50
President Initiative	\$ 1.50

For volunteer opportunities,
check out our website:
Alliancefw.org
Community Projects

Make check payable to FWMSA (Ft Wayne Medical Society Alliance)

And mail with completed form to: **Laura Roether, 13538 Narrows Cove, Fort Wayne, IN 46814**