



# Wisconsin Medical Society Alliance

## 2011 Membership Form

### Personal Information

Last Name	First Name	Middle Initial	
Home Address	City	State	Zip
Home Telephone	Home Fax	Home E-mail	
Spouse or Domestic Partner's Last Name	First Name	Specialty	

### Membership Support Dues

State and county dues are for January-December 2011. National dues are for July 2011-June 2012.

*The Wisconsin Medical Society Alliance recommends that members support the AMA (National) Alliance as well. Information from the AMA Alliance helps support your state and local leaders.*

AMA Alliance (National) - \$50 \$ \_\_\_\_\_  
Spouse of Medical Resident - \$10 \$ \_\_\_\_\_

WMS Alliance (State) - \$50 \$ \_\_\_\_\_  
Spouse of Medical Resident - \$5 \$ \_\_\_\_\_

County Alliance: \$ \_\_\_\_\_

- Brown - \$30
- Jefferson - \$30
- Marathon - \$30
- Fox Valley - \$30
- Member-at-large - \$0  
(state member without an active county)

Additional Contribution \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

### Payment Method:

- Check (preferred – payable to WMS Alliance)
- Credit Card (Visa & Mastercard accepted)  
Card number \_\_\_\_\_  
Expiration date \_\_\_\_\_ Security code (3 digits on back of card) \_\_\_\_\_  
Name on card \_\_\_\_\_  
Billing address (including zip code): \_\_\_\_\_

### Submit this form and your support payment to:

Wisconsin Medical Society Alliance  
563 Carter Court, Suite B  
Kimberly, WI 54136  
920-560-5624 / Fax 920-882-3655