



# Wisconsin Medical Society *Alliance*

~ Advocating for Healthy Communities ~

## Membership Form

### What is the Alliance?

The Alliance is the largest, most important organization that represents the family of medicine in the United States. The Wisconsin Medical Society Alliance, the American Medical Association Alliance and local alliances form a unified force to improve our communities and the lives of physicians and their families through legislative advocacy and health promotion projects.

### Personal Information

_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Home Address	City	State	Zip
_____	_____	_____	_____
Home Telephone	Home Fax	Home Email	
_____	_____	_____	_____
Spouse's Last Name	Spouse's First Name	Spouse's Specialty	

### Make a difference in your community!

The Alliance raises funds for scholarships, research, and grants, participates in health projects to improve people's lives in our communities, and protects the future of medicine through legislative advocacy.

### 2009–2010 Membership Support Dues

**AMA Alliance:** \$40 (Resident spouse: \$10)

**State Alliance:** \$50 (Resident spouse: \$5)

**County Alliance:** \_\_\_\_\_ (see below)

Brown: \$30, Jefferson: \$10, Marathon: \$25, Winnebago/Fox Valley: \$20, Member-at-large (State member without an active county, send State and National contributions only): \$0. If you are the spouse of a physician, fellow, resident physician, medical student, or if you are a physician, you are invited to join in support of the Alliance.

### Credit Card Payments

Card: \_\_\_\_\_ (Visa and MasterCard accepted) Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_ (three digit number on back)

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

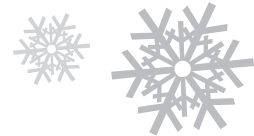
Billing Address: \_\_\_\_\_

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

Wisconsin Medical Society Alliance • 702 Eisenhower Drive, Suite A • Kimberly, WI 54136



# Join Us on January 23, 2009!



Please make plans to join us for the annual meeting being held at the Greenwood Hills Country Club on Friday, January 23, 2009. The day will include a business meeting, lunch and cross country skiing. Please join us for this fun filled day. All are welcome, so invite potential Alliance members as guests. It's a great way to introduce them to the organization!

## Directions

**From the East:** Take Highway 29 to the exit at the Camp Phillips Road (Hwy X) exit # 173. From the top of the exit ramp turn right (North) onto Camp Phillips Road and travel approximately 4 miles to the intersection at County Highway N (Townline Road). Turn left (West) onto Townline Road and travel about 500 yards where you will see the Greenwood Hills sign on your left. Turn left onto Poplar Lane and travel to the end of the street which will bring you directly to the club house.

**From the West, North or South:** Take Highway 39 (Formerly 51) from the north or south to Highway 29 East. Take Highway 29 East to the second exit at Camp Phillips Road (Hwy X) exit # 173. From the top of the exit ramp turn left (North) onto Camp Phillips Road and travel approximately 4 miles to the intersection at County Highway N (Townline Road). Turn left (West) onto Townline Road and travel about 500 yards where you will see the Greenwood Hills Sign on your left. Turn left onto Poplar Lane and travel to the end of the street which will bring you directly to the club house.

## Program

9:30-10:00	Continental Breakfast Welcome
10:00-12:00	Business Meeting
12:00-1:30	Lunch
1:30-2:15	Cross Country Skiing/Snowshoeing
2:15-3:00	Refreshments

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### I will attend:

Business Meeting and Lunch (\$35.00 per person)

Cross Country Skiing/Snowshoeing  
(Donations will be accepted at Greenwood Hills)

Enclosed is my check or money order

Visa    MasterCard    Discover

Account No. \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

V Code: \_\_\_\_\_ (Necessary to process your registration)

(Three-Digit number at the end of the numbers on the back of the card)

Cardholder's Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Return by January 14, 2009 to Wisconsin Medical Society Alliance**

702 Eisenhower Drive, Suite A • Kimberly, WI 54136

Fax: (920) 882-3655

**Credit card**