



Wisconsin Medical Society Alliance

2010 Membership Form

Personal Information

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

Membership Support Dues

State and county dues are for January-December 2010. National dues are for July 2010-June 2011.

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 - \$10
- Marathon - \$25
- Fox Valley - \$20
- 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
702 Eisenhower Drive, Suite A
Kimberly, WI 54136
920-560-5624 / Fax 920-882-3655