



The Academy of Medicine of Toledo
and Lucas County Alliance

Membership Application Form

Membership category: (please check one)

\$110.00 Federated membership (includes AMA-A, OSMA-A, and County dues)

\$60.00 Regular membership (includes OSMA Alliance and County dues)

Name _____

Address _____

City/State/Zip code _____

Telephone _____

E-mail address _____

Spouse's Name _____

Is your spouse a member of The Academy of Medicine? Yes No
(Not a requirement for membership.)

What is the name of your spouse's group or practice? _____

How did you hear about the Alliance? _____

Please check any and all areas of interest to you:

- | | |
|--|---|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Fundraising Opportunities | <input type="checkbox"/> Program/Social |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Membership Development | <input type="checkbox"/> Other _____ |

Personal and/or work constraints will not permit my active involvement at this time. Please consider my dues payment as my support of the Alliance.

Send completed form and check payable to: *The Academy of Medicine of Toledo and Lucas County Alliance* to:

The Academy of Medicine Alliance
c/o Membership Treasurer
Cindy Hoeflinger
Secor Professional Building
4428 Secor Road
Toledo, OH 43623

For office use only: date received _____ *check #* _____ *processed* _____