

NEW MEMBERSHIP FORM

Send Completed Form to: Elle Cotterman, 2655 Talmadge Rd., Ottawa Hills OH 43606

Make checks payable to The Academy of Medicine Alliance. You may also pay online using PayPal at www.lcmalliance.org.**Please put your first and last name, address, phone number and email in the comments section on PayPal to help with processing.**

Name _____

Address _____

Telephone (hm) _____ (cell) _____ E-mail address _____

Today's Date: _____ Birthday: _____ month & day

What is your spouse's name? _____

Name of your/your spouse's (circle one) group or practice? _____

How did you hear about the Alliance? _____

_____ Check here to give LCMA permission to use photos taken at our events to publish on our webpage and other marketing or social materials.

Membership category: (please check one)

_____ \$125.00 Federated membership (includes AMA-A, OSMA-A, and County dues)

ck# _____ PayPal _____ (if paying via PayPal please fill out and submit this form also)

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

ck# _____ PayPal _____ (if paying via PayPal please fill out and submit this form also)

_____ Courtesy membership (for Spouses of Medical Students and Residents)

_____ I would like to give a donation only at this time and remain on the list to be asked to join again next year.

I am interested in these Social Groups and/or wish to continue to participate in:

_____ Wine tasting _____ Book Club _____ Euchre _____ Children's Play Group

_____ Restaurant Gourmet (Lunch Bunch) _____ Supper Club _____ Gourmet II _____ Museum Group

_____ Starting a new group called _____

I'm interested in helping with:

_____ Membership Development _____ Newsletter _____ Program/ Social _____ Publicity

_____ Community Service _____ Fundraising _____ Legislative Advocacy