

Give the gift of Alliance Membership!

Now you can give your spouse or colleague the opportunity to help strengthen the family of medicine, build healthier communities and enrich their life and their children's lives.



Need a reason? We'll give you five:

- 1. Community:** Your gift recipient will be welcomed into a strong network of members passionate about building healthy communities.
- 2. Reach:** Membership provides the opportunity to have an impact on many health issues at the local and national level.
- 3. Access:** Alliance members have access to many resources for building healthy communities.
- 4. Leadership:** Members have the opportunity to attend conferences that build leadership skills.
- 5. Savings:** The Alliance offers member discounts on a variety of personal services, such as travel packages, insurance and auto rental.

Order Form

Name of recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

Member category

Yearly dues

- Regular or associate spouse
- Physician
- Resident spouse
- Resident
- Medical student
- Medical student spouse

\$40
\$40
\$10
\$10
\$10
\$10

ME number: _____

Your contact information:

Your name: : _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

Payment:

Check payable to AMA Alliance

Visa MasterCard

Credit card number: _____

Exp. Date: _____ CID (3- digit number on back of card): _____

Signature: _____

GMWS08R

To purchase mail this form to: The AMA Alliance, 515 N. State St., Chicago, IL 60610 or fax to 312.464.5020.