

RICHMOND ACADEMY OF MEDICINE ALLIANCE
DUES STATEMENT FOR JUNE 1, 2016 TO MAY 31, 2017

RAMA DUES \$40 (LOCAL*)

***LIFE MEMBERS \$10** LOCAL DUES (AGE 70 OR OVER)

***AFFILIATE MEMBERS \$40** LOCAL DUES

(RELATIVE OF A PHYSICIAN)

For your information to appear in the Directory
PLEASE return this completed form with your check
payable to **RAMA**, before June 1, 2016.

Send to: RAMA Membership Chair
Richmond Academy of Medicine Alliance
P.O. Box 70933
Richmond, VA 23255

NATIONAL DUES MAY BE PAID DIRECTLY TO THE **AMAA** AT WWW.AMAALLIANCE.ORG

NAME: _____

SPOUSE'S NAME: _____

SPECIALTY AND GROUP NAME: _____

HOME ADDRESS: _____

PHONE: HOME: _____ CELL: _____ (PLEASE CIRCLE PREFERRED #)

EMAIL ADDRESS: _____

WOULD YOU LIKE TO RECEIVE YOUR NEWSLETTER BY EMAIL? ___ YES ___ NO

(EMAIL VERSION IN FULL COLOR; MAILED VERSION BLACK & WHITE)

I WOULD LIKE MY BUSINESS LISTED IN THE YELLOW PAGES OF THE ALLIANCE DIRECTORY.

LIST AS FOLLOWS: _____

IN ORDER TO HELP US PLAN PROGRAMS AND ACTIVITIES; WOULD YOU LIKE TO SHARE YOUR
PROFESSIONAL TRAINING? _____

IN WHICH COMMITTEES OR ACTIVITIES ARE YOU INTERESTED? (INDICATING INTEREST IS NOT A COMMITMENT)

- ___ BOOK CLUB
- ___ BRIDGE
- ___ CHEERS AND TEARS
- ___ CHRISTMAS PARTY
- ___ DIRECTORY
- ___ DOCTORS' DAY
- ___ FUN CLUB
- ___ HEALTH PROJECTS
- ___ LEGISLATION
- ___ MEALS ON WHEELS

- ___ MEETING ARRANGEMENTS:
 HOSTESS, FLOWERS,
 REFRESHMENTS
- ___ NEWSLETTER
- ___ PHILANTHROPY
- ___ RAMAF FUNDRAISER
- ___ SEXUAL ASSAULT CRISIS KITS
- ___ STITCHERY
- ___ STRATEGIC PLANNING
- ___ OTHER IDEAS: (PLEASE LIST)