

RICHMOND ACADEMY OF MEDICINE ALLIANCE

DUES Form FOR JUNE 1, 2017 TO MAY 31, 2018

RAMA DUES \$40 (LOCAL*)

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

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

(RELATIVE OF A PHYSICIAN)

Send to: RAMA Membership Chair

Richmond Academy of Medicine Alliance

PO Box 70933

Richmond, VA 23255

Questions? Email info@ramalliance.org. Thank you!

*NATIONAL DUES MUST 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)