

RICHMOND ACADEMY OF MEDICINE ALLIANCE
DUES STATEMENT FOR JUNE 1, 2018 TO MAY 31, 2019

RAMA DUES \$40 (LOCAL*)

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

*AFFILIATE MEMBERS \$40 LOCAL DUES

(RELATIVE OF A PHYSICIAN)

PLEASE return this completed form with your check payable to **RAMA**, before June 1, 2018.

Send to: RAMA Treasurer
4412 Monument Avenue
Richmond, VA 23230

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: _____

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
- ___ RAM COLLABORATIVE EVENTS
- ___ RAMAF PHYSICIANS GOT FASHION
- ___ SEXUAL ASSAULT CRISIS KITS
- ___ STITCHERY
- ___ STRATEGIC PLANNING
- ___ OTHER IDEAS: (PLEASE LIST)