



550M Ritchie Hwy #271  
Severna Park, MD 21146

TELEPHONE: 1-800-549-4619  
FAX: 410-544-4640

DATE: \_\_\_\_\_

**YOUR CONTACT INFORMATION:**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ALLIANCE NAME: \_\_\_\_\_

STATE ALLIANCE: \_\_\_\_\_

Membership year covered by this payment: **This is a required response.**

Membership Start Date: \_\_\_\_\_ and Membership End Date: \_\_\_\_\_

*(Ex: Membership Start Date: July 2014 and Membership End Date: June 2015)*

<b>Line 1: Number of Regular Members (@\$50/ea) submitted:</b> _____	<b>x \$50 = \$</b> _____
<b>Line 2: Number of Student / Spouses (@\$10/ea)</b> : _____	<b>x \$10 = \$</b> _____
<b>Line 3: Number of Early Career Physicians (@\$35/ea)</b> : _____	<b>x \$35 = \$</b> _____
<b>Line 4: Total # of members submitted:</b> _____	
<b>Line 5:</b>	<b>Total= \$</b> _____ (add line 1 and line 2)
<b>Check Amount =</b> <b>Check #</b> _____	<b>\$</b> _____ (should match Total in line 4)
<b># of New Members submitted with this remittance:</b> _____	

**FOR EACH NEW MEMBER, PLEASE SUBMIT A NEW MEMBER DATA FORM**

**DUES SUBMISSION CHECKLIST:**

- \_\_\_\_\_ Does the amount of your check match the number of members submitted?  
*(For example: if submitting a check for \$100, make sure that your list is for 2 people x \$50= \$100)*
- \_\_\_\_\_ Have you emailed an Excel spreadsheet list of those names? to: data@amaalliance.org
- \_\_\_\_\_ Have you filled out and included a new member data form for any new members?

**IMPORTANT REMINDER:**

*The Alliance only provides member services to members in good standing, so it is critical that dues payments be tied to an individual member. To ensure proper and timely processing, be sure to provide all of the requested information with your payment.*