



It is time to activate your membership for **2018!**

Complete and return the form below or to complete online, visit **AlabamaMedicalAlumni.org**.

Medical Alumni Association Dues Form

Membership Levels:

Student Membership	\$15
Current Residents and Fellows	\$25
Active Alumni Membership	\$100
Silver	\$250
Gold	\$500
Platinum	\$1,000

My 2018 Dues – 100% tax deductible\$ _____

Contributions

Dues must be paid per fiscal year to be considered an active member.

Medical Alumni Association/Dean of Medicine Scholarship Fund _____

Medical Alumni Association Endowed Medical Scholarship Fund..... _____

Jimmy W. Beard Memorial Scholarship Fund _____

Contributions added to current dues determine your membership level.

Medical Student Assistance Fund..... _____

Medical Alumni Association Endowment (Perpetuity) Fund _____

TOTAL DONATION (Dues plus Contributions).....\$ _____

For payments by credit card: MasterCard VISA Discover AMEX

Name as it Appears on Card _____

Card # _____ Expiration Date _____ CVV _____

Billing Address _____ City _____ State _____ Zip _____

Billing Phone _____ Email _____

Your MAA member number is your User Name for the On-Line Directory. Your last name is the password.

Mailing Address: VH Box 111, 1720 2nd Avenue South, Birmingham, AL 35294-0019

Phone: 205-934-4463 www.AlabamaMedicalAlumni.org

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UPDATE INFORMATION

Please confirm we have current records by completing this form.

New information may be used in the Medical Alumni Newsletter and in Class Notes.

↓ Please check one for preferred mailing address:

____ Home address: _____ Tel. No. () _____

____ Office address: _____ Tel. No. () _____

____ E-mail address: _____
_____ Fax No. () _____

Benefits Package

Each annual membership is eligible to take part in the *University Benefits Package* which includes business discounts and group savings. To take advantage of these benefits, please check the box below. For more details and to see the benefits available to you, please see our website.

Send Benefits Package

If left unchecked, it is assumed you are not taking advantage of the benefits offered.

CLASS NOTES:

Recent Honors, Awards, Appointments or Publications within the last year. (Please write legibly)

New information may be used in the Medical Alumni Newsletter and in Class Notes.

FAMILY LEGACIES:

We would like to record SOM legacies in your family!

Name: _____ Birth Date _____

SOM Graduating Class _____ Relationship to You _____

- If you have included the Medical Alumni Association in your estate plans, please let us know.
 I would like information on including the Medical Alumni Association in my estate plans.