

# ALMA Membership Form

All information will be kept confidential except Practice address, telephone, fax and website.

## Membership Level:

(select one)

- Licensed Physician: \$ 300\***  
\* Includes 1 Non-Transferrable ticket to the ALMA Gala
- Associate Member: \$200**  
Non-Physician Professionals  
i.e., PA, NP, RN, PhD  
(Non-Voting)
- Retired Physician: \$25**
- Resident/Student: \$10**

Name:

Title/Specialty:

Home Address:

City:

State:

Zip:

Home Phone:

Fax:

Cell:

E-Mail:

Spouse Name:

Clinic/Practice Name:

Clinic/Practice Address:

City:

State:

Zip:

Business Phone:

Fax:

E-Mail:

Website:

Date: Please include a check for  
your dues made out to:

ALMA

PO Box 24152

Tempe, AZ 85285-4152

**You can also submit your information and pay your dues online at:  
[www.almahealthcare.com](http://www.almahealthcare.com)**

## **AMIGOS de ALMA Corporate Membership**

I support ALMA's goals and want to be an AMIGO de ALMA

**Membership  
Contribution:  
\$500**

Name:

Title:

Business Name/Employer:

Address:

City:

State:

Zip:

Phone:

Fax:

Cell:

E-Mail:

Date:

Please include a check for  
your dues made out to:

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Tempe, AZ 85285-4152

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