

If preferred, you may complete your membership application online at www.awcms.org/membership



Alliance with the Washoe County Medical Society

P.O. Box 11363
Reno, Nevada 89510
775-829-1303 • www.awcms.org

MISSION: AWCMS advances the health of the community through educational and philanthropic works, health programs and support of Washoe County Medical Society (WCMS)

Dues Notice for year June 1, 2023 to May 31, 2024

Amount Paid

“AWCMS” Alliance with the Washoe County Medical Society and	
“ANSMA” Alliance with the Nevada State Medical Association	\$75.00
	\$ <u>75.00</u>
“AMAA” American Medical Association Alliance (Optional).....	\$65.00
	\$ _____
Donation to AWCMS Endowment Fund <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$ _____	\$ _____
for philanthropic projects.	

Please make checks payable to AWCMS **Total amount enclosed** \$ _____

PLEASE NOTE: To be listed in the AWCMS 2023 – 2024 Directory, dues must be paid by Aug. 31, 2023. However, membership thereafter will be included in the online Directory.

Applicant’s Last Name _____ **First Name** _____

**ONLY complete the following IF YOU ARE A NEW MEMBER
OR ANY INFORMATION HAS CHANGED since your last entry in the Directory**

Full Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Spouse Last Name _____ Spouse First Name _____

Spouse Medical Specialty _____

If applicable, applicant’s Medical Specialty _____

My physician spouse has retired My physician spouse is deceased

I do not wish to have an entry published in the Directory

For more information about our groups and activities, please check those that interest you:

- Book Club Biking Golf Knitting/Crocheting Walking
- Available on Occasion to Help with Projects

(For office use only)

Check number _____ Amount of check _____ Date received _____