

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, 2018 to May 31, 2019

“AWCMS” Alliance with the Washoe County Medical Society and

“NSMAA” Nevada State Medical Association Alliance..... \$50.00

“AMAA” American Medical Association Alliance (Optional)..... \$65.00

Donation for Philanthropic projects: \$25 \$50 \$100 \$250 \$_____

Please make checks payable to AWCMS

Total amount enclosed \$_____

PLEASE NOTE: To be listed in the AWCMS 2018-2019 Directory, dues must be paid by Aug. 31, 2018

Applicant’s Last Name _____ First Name _____

New Member Please provide the following (this information will appear in the Directory sent to all members):

If you and your spouse are both physicians, please provide specialty information for both of you.

Full Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

Spouse Last Name _____ Spouse First Name _____

Spouse Medical Specialty _____

If applicable, your Medical Specialty _____

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

Renewing Member Please **ONLY** complete any information that 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, your Medical Specialty _____

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

My physician spouse has retired My physician spouse is deceased

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

Book Club Biking Children’s Playgroup Golf Knitting Hiking Walking

Needlework Holiday Raffle Available On Occasion to Help with Projects

I want to form a new interest group about _____

(For office use only)

Check number _____ Amount of check _____ Date received _____