



**Wake County Medical Society Alliance
Member Information Form**

Date: _____

Name: _____

Home Address: _____ City/Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Would you like to receive our newsletters and event notices by e-mail? yes no

(Note: Your e-mail address **will not** be used for sales or any purposes other than WCMSA business.)

Would you like to join our closed Facebook Page for members only? yes no

Physician Spouse Information:

Name: _____ Specialty: _____

Practice Name: _____

Your Talents and Interests:

Areas of Talents/Expertise: _____

Interests/Hobbies: _____

WCMS Alliance Interest Groups

Check below to indicate your possible interest and we will contact you by phone or email with more information.

_____ **Book Club:** meets monthly at members' homes.

_____ **ASPIRE:** retired physicians & spouses, meets monthly at a restaurant for breakfast.

_____ **KITS** - Keeping in Touch Socially: an endeavor to keep in touch with members who are homebound or need transportation to our meetings.

_____ **SWAG:** Service with an Attitude of Gratitude: volunteer service opportunities.

_____ **Workshops** on nutrition, cooking, floral arranging, crafts and communication.

Any additional groups you would like to see formed? _____
(please list)

Membership

We encourage all three levels of membership. Check the levels you would like to join.

Please make your check out to *NCMS Alliance*.

County, state and national Alliances membership dues \$145 _____

County and state Alliances membership dues \$80 _____

County Alliance membership dues \$30_____

Enclosed \$_____

- ✓ County Alliance membership dues will give you access to all of the Wake County Medical Society Alliance events, newsletters, and directory.
- ✓ By joining at the state Alliance (North Carolina Medical Society Alliance) and national Alliance levels (AMA Alliance), you will receive state and national newsletters and will be invited to participate in their meetings. Your membership dues will be used to train county leaders, develop programs for health education and support legislative advocacy on health issues.

Please use this space to complete any answers from the front, and tell us any other information about yourself or your family which you would like to share. We would like to make your experience with the WCMS Alliance personable and enjoyable!

Mail your check and completed form to:

NCMS Alliance, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607

If you have any questions, please contact Zohra Osman, WCMS Alliance President
zohra.wcmsa@gmail.com
919.720.1797