

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

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Interests: \_\_\_\_\_

Do you prefer day or evening events: \_\_\_\_\_

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

**Spouse Information:**

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_

We offer three levels of membership. Check the level you would like to join.

\_\_\_\_\_ County, State and National membership dues \$130

\_\_\_\_\_ County and State membership dues \$80

\_\_\_\_\_ County membership dues \$30

**Please make check payable to NCMS Alliance and mail to NCMS Alliance, 1500  
Sunday Drive, Suite 102, Raleigh, NC 27607 along with the North Carolina  
Medical Society Alliance Membership Form**

*NCMS Alliance is a 501 (c) (3) charitable organization*

***or pay online at [www.ncmsalliance.org](http://www.ncmsalliance.org)***

County membership dues will give you access to all of the Wake County Medical Society Alliance events, newsletters, and directory. By joining at the State (North Carolina Medical Society Alliance) or National 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.

**Mail this completed form to:**

Karen Albright, Treasurer, WCMS Alliance, P.O. Box 17375, Raleigh, NC 27619

If you have any questions, please contact Zohra Osman, Co-Membership Director

[zohrao@hotmail.com](mailto:zohrao@hotmail.com)

919.720.1797



**Please provide corrections and insert any missing information below:**

Name		Spouse	
Address		City, State Zip	
Phone: Home	Mobile	Member Number:	
E-mail			Date Joined Alliance

**Membership Levels:**

<b>State Dues: \$50.00</b>	
<b>County Dues: \$30.00 – Wake County</b>	
<b>AMAA Dues: \$50.00</b>	
<b>TOTAL DUE:</b>	<b>\$</b>

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Visit us at [www.ncmsalliance.org](http://www.ncmsalliance.org)

**\*Indicate Membership Level above and submit this renewal form along with a check payable to the NCMS Alliance, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607**  
**Tel: 919-573-1316 or Email: [tsteadman@ncmsalliance.org](mailto:tsteadman@ncmsalliance.org)**  
**Thank you for your support!**

**This is your opportunity to join or renew your Alliance membership today.** Your membership will help strengthen the voice and the impact of the Alliance in your community, state and across the nation. Alliance members offer a wealth of opportunities for developing lifelong friendships and building your network. You will experience firsthand a powerful support system to help you face the unique challenges of life in a medical family.

The Alliance works together to raise money for scholarships and research, stage public health projects in your community, and advocate for policy change to assure a bright future for medicine. Even if you cannot be active, your membership dues will work to promote good health in your county and state. Alliance seminars and networking opportunities enrich your life and build your professional skills in the areas of advocacy, health promotion and leadership. The NCMS Alliance brings members together to address key issues impacting public health and the future of medicine. The NCMS Alliance also develops and delivers resources that address the unique interests, challenges and concerns of physician families. Your Alliance membership is put to work every day furthering our efforts to implement valuable health education and advocacy programs throughout the year.