



Wake County Medical Society Alliance Member Information Form

Date: _____

Name: _____

Home Address: _____ City/Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

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.

Please make your check out to *NCMS Alliance*.

- County, State and National membership dues \$130
- County and State membership dues \$80
- County membership dues \$30

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 check and completed form to:

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

If you have any questions, please e-mail medicalalliancewakecounty@gmail.com