



2016 MEMBERSHIP FORM
★ Required

★ First Name _____ ★ Middle Name _____ ★ Last Name & Title _____

★ Office Address _____ (Select as mailing address)

★ City _____ ★ State _____ ★ Zip Code _____ ★ Phone _____ ★ Fax _____

★ Home Address _____ (Select as mailing address)

★ City _____ ★ State _____ ★ Zip Code _____ ★ Cell (kept confidential) _____

★ **E-Mail Address** (kept confidential) Email needed to receive weekly e-newsletter *MTW (Medicine This Week)* and access *docbookMD*, our newest benefit.

★ AZ Medical License No. _____ ★ Date Issued _____ ★ Specialty _____ ★ Board Certification _____

Are you Private Practice or Employed Physician?

Membership Dues

- \$450.00 Full-time practicing
- \$225.00 Part-time practicing
- \$100.00 USPHS | VA Full-time | Medical Officer Active Duty | Regularly Commissioned Medical Officer Active duty | Reserve Commissioned Medical Officer
- \$50.00 Retired
- \$50.00 Active over 70
- \$225.00 Out-of-State
- \$50.00 Resident/Fellow (after first year)
- FREE First-year Resident
- FREE Medical Student

***The deductible portion of your Arizona Medical Association 2016 Dues is 70%.
Only 30% of your Arizona Medical Association 2016 Dues is not deductible as it is related to lobbying activities.***

Payment Information

- Check payable to:
Arizona Medical Association
810 W Bethany Home Rd
Phoenix, AZ 85013
- Discover, Visa, MasterCard, AMEX: Card # _____/_____/_____/_____ Exp. Date: ____/____
Credit Card Billing Address _____
City, ST & Zip _____
Print name on card _____ Initial to pay _____

Questions? Contact Simone Lustig, Associate VP of Membership and Development 602.347.6907, simone@azmed.org
or Shari Robinson, Director of Member Services 602.347.6914, shari@azmed.org

The ARIZONA MEDICAL ASSOCIATION helps guide inquiries for peer networking, media, CME or other speaking opportunities, or government/legislator questions, based on a physician's specific area of interest. Please provide the following information if you would like to be listed as a reference.

Display name preference	
Board Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No In what specialty?	
Professional Titles	
Website	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Special interest area of medicine	Are you willing to speak to the media on topics related to your specialty (ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2nd Special interest area of medicine	Willing to speak for CME on these topics? <input type="checkbox"/> Yes <input type="checkbox"/> No
3rd Special interest area of medicine	Willing to speak to the public on these topics? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you involved in a Community Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to speak to government / legislators? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list the community services or activities in which you are involved:	

Languages other than English	
Are you verbally fluent in a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what Language:
Verbally fluent including medical terminology? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fluent writing this language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you verbally fluent in a third language? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what language:
Verbally fluent including medical terminology? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fluent writing this language? <input type="checkbox"/> Yes <input type="checkbox"/> No

Opt Out - I prefer not to be listed.

RETURN APPLICATION BY FAX TO (602) 246-1161

Upon payment of annual dues, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Articles of Incorporation and bylaws of the Arizona Medical Association.