



The University of Alabama
 Medical Alumni Association
 MAB ♦ 811 South 20th Street
 Birmingham, AL 35205
 (205) 325-3092 (800) 822-6478 (MIST)
www.alabamamedicalalumni.org

The Board of Directors of the University of Alabama Medical Alumni Association suggests the following membership level structure for contributions to the Association in support of programs for 2009. (Current interns and residents - \$10.00)

- Active Membership - \$100
 - On line directory access
 - Eligible to serve on Board and Committees
 - Voting privileges
 - Nomination privileges for alumni awards
- Silver Membership - \$250
 - Active membership benefits plus:
 - Use of building one time a year**
 - Parking at building
 - Discount to medical alumni events (10%)
- Gold Membership - \$500
 - Silver membership benefits plus:
 - Copy of Wayne Finley's book
 - Use of building twice a year**
 - Discount to medical alumni events (50%)
- Platinum Membership - \$1,000
 - Gold membership benefits plus:
 - Unlimited use of building**
 - Discount to medical alumni events (100%)

***No rental fee. Refundable deposit and cleaning fee apply.*

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE

2009 Dues\$ _____

Contribution for maintenance of the Medical Alumni Building _____

Contribution to The Jimmy Beard Medical Alumni Scholarship _____

Contribution to the Medical Alumni Association Endowment (Perpetuity) Fund _____

**This fund has been established to ensure the financial future of the Medical Alumni Association*

Total enclosed\$ _____

TOTAL CONTRIBUTION DETERMINES YOUR MEMBERSHIP LEVEL

For contributions by credit card: MasterCard VISA Discover AMEX

Name as it Appears on Card _____

Card # _____ Expiration Date _____

Email Address _____

Or for your convenience you may now contribute online: www.AlabamaMedicalAlumni.org

Please complete the Biographical Information Form on page 2.

**The ID# printed above your name is your member number for the On-Line Directory*

**Your last name is the password*

BIOGRAPHICAL INFORMATION

PLEASE PRINT OR TYPE

Please help the Medical Alumni Office update your records by completing this form.

New information may be used in the bi-monthly Medical Alumni Newsletter and in Class Notes.

↓ Please check one for preferred mailing address:

____ Home address: _____ Tel. No. () _____

____ Fax No. () _____

____ Office address: _____ Tel. No. () _____

____ Fax No. () _____

E-mail address: _____

If you use a spam blocker program, please make sure we are on your acceptance list: webmaster@alabamamedicalalumni.org

License No. _____

Medical School _____ Year _____

Internship at _____ Years (From) _____ (To) _____

Specialty in _____

Residency at _____ Years (From) _____ (To) _____

Specialty in _____

Fellow at _____ Years (From) _____ (To) _____

Specialty in _____

Undergraduate School _____ Year _____ Degree _____

Armed Services _____ Years (From) _____ (To) _____

Type of Practice (i.e.: Full Time Hospital, Private, Faculty, Administrative, Military, Research, Resident, etc.) _____

Practice Specialty (Primary) _____ Secondary Specialty _____

Date of Birth _____ Married/Single _____ Spouse's Name _____

Children (if new birth please list date) _____

Recent Honors, Awards, Appointments or Publication (with year or exact date)

(Please write legibly) _____
