



The University of Alabama  
 Medical Alumni Association  
 811 South 20<sup>th</sup> Street  
 Birmingham, AL 35294-2140  
 (205) 934-4463  
[www.alabamamedicalalumni.org](http://www.alabamamedicalalumni.org)

June 2010

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 2010. (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:
  - 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. Building use regulations apply.*

2010 Dues .....\$\_\_\_\_\_

**ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE**

Contribution for maintenance of the Medical Alumni Building ..... \_\_\_\_\_

Contribution for the Medical Student Assistance Fund..... \_\_\_\_\_

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 # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Or for your convenience you may now contribute online: [www.alabamamedicalalumni.org](http://www.alabamamedicalalumni.org)

## 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: [office@alabamamedicalalumni.org](mailto:office@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)** \_\_\_\_\_

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