

# ARIZONA Medical Association Quick Application

\_\_\_\_\_  
First Name Middle Name Last Name & Title

\_\_\_\_\_  
Office Address  (Select as mailing address)

\_\_\_\_\_  
City State Zip Code Phone Fax (required)

\_\_\_\_\_  
Home Address  (Select as mailing address)

\_\_\_\_\_  
City State Zip Code Phone

\_\_\_\_\_  
E-Mail Address (required, kept confidential)

\_\_\_\_\_  
AZ Medical License No. Date Issued Specialty Board Certification

*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.*

## Dues Information

- Active Membership**  
Jan 1, 2011- Dec 31, 2011 **\$450.00**
- USPHS | VA Fulltime | Medical**  
Officer Active duty /  
Regularly Commissioned
- Medical Officer Active duty /**  
Reserve Commissioned Medical  
Officer **\$ 100.00**
- Retired Full-time** **\$ 50.00**
- Out of State** **\$ 225.00**
- Medical Student** **FREE**
- Resident (1<sup>st</sup> Year)** **FREE**
- Resident or Fellow**  
(after 1<sup>st</sup> Year) **\$ 50.00**

## Payment Information

### TRANSACT PAYMENT NOW

Application to: **602.246.1161** (fax)

- Check payable to:  
**Arizona Medical Association,**  
**810 W. Bethany Home Road.,**  
**Phoenix, AZ 85013**
- Discover, Visa, MasterCard, American Express**

\$ \_\_\_\_\_ each

Card #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date:

\_\_\_\_\_/\_\_\_\_\_

Print Name on Card

\_\_\_\_\_

Initial to pay \_\_\_\_\_

**Any Questions? Connie McHugh: [cmchugh@azmedassn.org](mailto:cmchugh@azmedassn.org)**

Associate V. P. for Membership & Accreditation 1-(800) 482.3480 ext. 115 -or- 602.347.6915

[www.azmedassn.org](http://www.azmedassn.org)

810 W. Bethany Home Road, Phoenix, AZ 85013

12/7/2010 csm

# 2011

## JOIN

## NOW

**Arizona  
Physician  
Members  
Gain:**

• *Influence*

• *Power*

• *Relevance*

