



2019-2020 Vanderburgh Medical Alliance Dues Membership Form Join us today!



Since 1929 the VMA has served medical families through fellowship, friendship and membership and has supported quality healthcare and medical education in our community.

Name _____

Email Address _____

Spouse's Name and Specialty _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ New Member? Yes No

To ensure that your name is listed in the Yearbook, please remit your dues by August 20th.

| <u>Dues Category</u> | <u>Fees</u> | <u>Amount Paid</u> |
|-----------------------------|--------------------------------|---------------------------|
| Local Alliance Dues (VMA) | \$50 (required of all members) | _____ |
| ISMA-Alliance (State) | \$35 (optional & encouraged) | _____ |
| AMA-Alliance (National) | \$65 (optional & encouraged) | _____ |
| Total \$ Enclosed | | _____ |

Make Checks Payable to VMA

**Questions? Contact Cindy Behrens at 812-706-9664 or cjbehrens57@gmail.com
Mail checks to Marty Vibul, 2245 E. Boonville New Harmony Rd, Evansville, IN 47725
Or pay by PayPal at vanderburghmedicalalliance@gmail.com.**

Visit our website at vanderburghmedicalalliance.org for additional information!