



2010-2011 Membership/Renewal Form

Name:	Spouse:
Address:	City: Zip:
Phone:	Email:

Would you prefer to receive newsletters and other correspondence via email?: Yes No

MEMBER AREAS OF INTEREST (PLEASE CHECK ALL THAT APPLY):

- Health Promotion
- Fundraising
- Get Fit NC
- Newsletter/Communications
- Legislative/Advocacy
- Doctors' Day

Membership Levels:

<input type="checkbox"/> County Alliance (for county dues amount visit www.ncmsalliance.org or call 919-833-3836 x124)	
<input type="checkbox"/> NCMS Alliance (state)	\$40
<input type="checkbox"/> AMA Alliance (national)	\$50
Total Dues:	

Submit this form and return along with a check payable to the NCMS Alliance
 Mail to: NCMS Alliance, P.O. Box 27167, Raleigh, NC 27611
 Tel: 919-833-3836 x124 • Fax: 919-833-2023

www.ncmsalliance.org

Thank you for your support!