



# Vanderburgh Medical Alliance Dues Form

Do you know a potential member(s)? Please provide their contact information here:

Since 1929, the VMA has served medical families in our community through friendship and fellowship. Together with our community partners, we will continue to support quality local healthcare initiatives and medical education. Join us today!

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 September 1st.

<u>Dues Category</u>	<u>Fees</u>	<u>Amount Paid</u>
Local Alliance Dues (VMA)	\$50 (required of all members)	_____
"Destination Wellness" formerly "Just For the Health of It" donation for back-to-school back packs. # _____ x \$40 =		_____
AMA-Alliance (National)	\$65 (optional & encouraged)	_____
<b>Total \$ Enclosed</b>		_____

Make Checks Payable to VMA **OR** pay by Zeffy via the QR Code below.

**When using Zeffy:** 1. Scan the QR code with your phone's camera. 2. To add a Destination Wellness donation enter an amount in the "Add a donation for the VMA" box. 3. Select either General Membership to pay local dues or General Membership & National to include AMA Alliance dues. To bypass the Zeffy contribution, select "Other" and put in "0" (zero) in "Contribution."

Questions? Contact [vanderburghmedicalalliance@gmail.com](mailto:vanderburghmedicalalliance@gmail.com)  
Ask where to send the form.

