University of Wisconsin Medical Alumni Association Membership Form

Dues are automatically waived for the first year following graduation. Dues are $10 per year for the next four years and $100 per year thereafter.

Membership Type:

☐ One Year Membership (recent graduate) $10 (per year for the first 4 years)
☐ One Year Membership $100 (per year)
☐ Life Membership $750 (Pay in Full)

Life Membership Installment Plan:

☐ Two yearly installments of $380 each

Personal Information:

Name: __________________________________________________________

Class of: _________________________________

Address:________________________________________________________

City/State/Zip:____________________________________________________

Phone:__________________________________________________________

E-mail:__________________________________________________________

If the Alumni Association needs to contact me, I prefer they do so by:

☐ E-mail    ☐ U.S. Postal Service

Dues Payment Method:

☐ Check or Money Order (Make payable to the UW Medical Alumni Association)
☐ Credit Card, Visa
☐ Credit Card, Master Card

Credit Card Number  ______ ______ ______ ______

Expiration Date: ___ / ______

Print, mail or fax this completed form your method of payment to:
University of Wisconsin Medical Alumni Association
750 Highland Avenue, Room 4296
Madison, WI 53705

Fax: (608) 262-0306