

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