

Indiana State Medical Association Alliance
2008-2009 County Officers/Chairs

County: _____ Alliance Name: _____

Date of Fiscal Year: (from) _____ (to) _____

| |
|---|
| FOR OFFICE USE ONLY: County Dues: A ___ I ___ W ___ R ___ S ___ Number of members at close of 2002-2003 fiscal year: C ___ S ___ N ___ |
|---|

2008-2009 COUNTY PRESIDENT(S)/STEERING COMMITTEE MEMBERS

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

2008-2009 COUNTY PRESIDENT-ELECT

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

This officer will receive Association Management – a one-of-a-kind business magazine to be used as a handbook for leaders – from the AMA Alliance.

2008-2009 COUNTY SECRETARY

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

2008-2009 COUNTY TREASURER

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

2008-2009 COUNTY IMMEDIATE PAST PRESIDENT

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

2008-2009 COUNTY AMA FOUNDATION CHAIR

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY NEWSLETTER CONTACT

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY HEALTH PROMOTION CHAIR

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY SAVE CHAIR

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY LEGISLATION CHAIR

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY MEMBERSHIP CHAIR

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY PUBLICITY CHAIR

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

2008-2009 COUNTY RESIDENT/MEDICAL STUDENT SPOUSE LIAISON

Name _____ Title _____
Spouse's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Office) _____
Fax _____ E-mail _____

USE THE SPACES BELOW TO ADD ANY OTHER OFFICERS, CONTACTS, CHAIRS, ETC.

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

Name _____ Title _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Office) _____

Fax _____ E-mail _____

Name _____ Title _____

Spouse's Name _____

Address _____

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Fax _____ E-mail _____