

# Update your information for the 2019 Directory

4107 Laurel Street, Anchorage, AK 99508 • (907) 562-0304 • (907) 561-2063 (fax) • asma@asmadocs.org • www.asmadocs.org

Information update is due by Dec. 15<sup>th</sup> 2018 to ensure placement in the 2019 Printed Directory.

Date: \_\_\_\_\_

Name (first, middle, last): \_\_\_\_\_ Degree(s): MD / DO

Specialty(ies): \_\_\_\_\_

NPI #: \_\_\_\_\_ AK License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Published Email: \_\_\_\_\_ Member Email: \_\_\_\_\_

Practice Type: please circle one

Private    Contract Hire/Employee    Administrative    Locum Tenens    Public Health    Military    Retired    Inactive

Clinic Name: \_\_\_\_\_

Clinic Address, City, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Phone: \_\_\_\_\_ Member Fax: \_\_\_\_\_

Additional Practice Locations:

\_\_\_\_\_

Board Certification(s) – American Board of Medical Specialties or American Osteopathic Association Specialty Boards **ONLY**:

\_\_\_\_\_

\_\_\_\_\_

Medical School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

After submitting this form, you may update your information at any time via ASMA's website, [www.asmadocs.org](http://www.asmadocs.org). Click "Update Your Information." Changes will be reflected in the Online Medical Directory within a few days, so your information is always up-to-date!

Submit your member photo for the directory to [drush@asmadocs.org](mailto:drush@asmadocs.org)

How did you hear about us:     Website     ASMA Mailing \_\_\_\_\_     Referred By: \_\_\_\_\_

**PLEASE SEE REVERSE FOR IMPORTANT MEMBERSHIP INFORMATION**

# Membership Application

<u>Alaska State Medical Association Dues</u> (ASMA)	
Membership Type	Annually
Regular Member	\$750
1 <sup>st</sup> Year New Member	375
Residents	50
Medical Student	25
Associate/Retired	Call
Semiretired	Call
Group Membership	Call

**Anchorage Medical Society Dues:**

**\$100**

**Payment Summary:**

ASMA Dues \$ \_\_\_\_\_.

AMS Dues \$ \_\_\_\_\_.

Total Dues \$ \_\_\_\_\_.

**All membership dues must be received by December 15<sup>th</sup> to ensure proper placement in the 2019 Printed Medical Directory. We do not accept credit card numbers over the phone; please fill out the form completely and legibly.**

**Credit Card Authorization:** *Now accepting all major credit cards*

Total to be charged: \$ \_\_\_\_\_.

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. Expiration Date: \_\_\_\_\_. CVS Code \_\_\_\_\_

Name (Please **PRINT** name as it appears on card): \_\_\_\_\_

Billing Address for CARD: \_\_\_\_\_

Billing Address **MUST INCLUDE ZIP CODE:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email you'd like credit card receipts sent to: \_\_\_\_\_

The issuer of the card identified above is authorized to pay the amount shown as "Total to be charged". I promise to pay the amount "Total to be charged" subject to and in accordance with the agreement governing the use of such card.

Date: \_\_\_\_\_ Signature (required): \_\_\_\_\_

**ASMA dues** are not deductible as a charitable contribution for federal income tax purposes but may be partially deductible as an ordinary and necessary business expense. **27% of ASMA dues** are not deductible as an ordinary and necessary business expense, because this portion of dues is attributable to lobbying activities. Your ASMA membership includes subscriptions to the *Alaska Medicine*, *Heartbeat* and two copies of the Medical Directory (one printed and one electronic) at no charge. (\$20 of your member dues is allotted for *Alaska Medicine*, \$15 for *Heartbeat* and \$140 for the Medical Directories.)