



Membership Application/Donation Form

Chicago AMWA Consortium

VISION

AMWA empowers women physicians and healthcare providers in improving the health for all within a model that reflects the unique perspective of women.

MISSION

The Chicago AMWA Consortium (CAC) mission is to benefit its members by providing positive avenues of communication, collaboration and guidance that help members to:

1. **Enhance** the recruitment, retention and promotion of women physicians in their careers and
2. **Support** the building, implementation and continued relevancy of women's health initiatives and health programs in medical organizations and beyond.

With these goals in mind, the Consortium works collectively to:

- Provide a forum for sharing with each other updates and successes of women's health programs and research being conducted in the Chicago area
- Serve as a resource for leaders and members of women's programs within each member practice and organization
- Invite speakers and individuals from inside and outside the medical community to provide training and perspectives on how to be a successful physician in today's changing healthcare environment.

Come and join us!

STEP 1:

Please fill out the following information below to activate your membership:

Name _____

Professional Designation (use abbreviation) _____

Business/Practice Name/ Website _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

E-mail Address _____

If Resident or Fellow, Completion Year (if applicable) _____

If Student, Year of Graduation _____

Specialty or Field of Expertise

STEP 2: Check the appropriate Membership Option

- Regular Chicago AMWA Consortium Physician Member - \$125/year
- National AMWA Physician Member - \$ 100/year
- Discounted & Non-Physician Member - \$75/year (includes retired, part-time, and allied health care professionals)
- Resident Member - \$50 for entire residency
- Medical/Graduate Student Member - \$25 for entire years of Medical school
- Undergraduate Pre-Med Student Member - \$15

STEP 3: We support many local charities and help fund educational, community based and mentoring programs for our members. Please consider supporting us and our programs.

Support the Chicago AMWA Consortium (CAC)

Yes, I am donating to an AMWA Program!

Donation Amount: \$ _____

Please Select Payment Method: Check # _____ Visa MC AMEX

Credit Card#: _____

Expiration Date _____ cvv: _____ Total Amount \$ _____

Signature _____

Date: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

STEP 4: To help us develop programming, we would like to learn more about you.

1. What motivates you to join a professional society?

2. What could CAC provide you that you do not get from your current professional society memberships?

3. How did you learn about CAC?

4. What CAC activities appeal to you? (check all that apply)

- Mission and vision**
- Charitable activities**
- Leadership opportunities**
- Advocacy activities**
- Continuing educational initiatives**
- Networking opportunities**
- Serving as a mentor**
- Being mentored**
- Helping build strategic alliances**
- Other** _____

STEP 5: Mail membership forms and payments to:

Chicago AMWA Consortium (CAC)

C/O Mr. Charles Jett - Treasurer

1300 North State Parkway, Suite 903

Chicago, IL 60610

THANK YOU FOR YOUR MEMBERSHIP!