

CONTACT INFORMATION FOR MEMBER

Name: _____ Professional Designation: _____

☐ Preferred Address (Home) ☐ Preferred Address

Street: _____ Facility Name: _____

City, State Zip: _____ Street: _____

Cell Phone: _____ City, State Zip: _____

☐ I agree to receive text messages from ALMDA regarding membership and meeting updates. (For use by ALMDA's executive director and board only.) Facility Phone: _____

Some computer systems' firewalls prevent our emails from reaching you. Please provide an email address you check regularly that is not associated with your facility.

E-mail 1: «Email» _____ ☐ Preferred

E-mail 2: «Email_2» _____ ☐ Preferred

SELECT A DUES CATEGORY: (See attached flyer for category descriptions.)

☐ Regular Member – \$100 ☐ Associate Member – \$50 ☐ Retired – \$0

CONFERENCE REGISTRATION:

Membership is a requirement for meeting registration. Select the appropriate category above.

- ☐ Mid-Winter Conference – \$200 (Jan. 25, 2025, Birmingham)
- ☐ Annual Conference – \$300 (July 24-27, 2025, Sandestin)
- ☐ Annual Conference Guest – \$75 each (Number of guests ____)

ALMDA shares attendee names, practice names and cities with companies who exhibit at our conferences.

- ☐ I agree to this information being shared with exhibitors.
- ☐ I opt out of this information being shared with exhibitors.
- ☐ N/A – I am not attending the conference.

- Make checks payable to Alabama Medical Directors Association (ALMDA) or pay online at tinyurl.com/2025ALMDAmembership
- Mail payment along with this statement to: ALMDA | PO Box 1900 | Montgomery, AL 36102-1900

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

Cardholder Name: _____ E-mail address for receipt: _____

Billing Address: _____ City, State, ZIP: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Amount: \$ _____