



# Alaska State Medical Association (ASMA)

## 2023 Membership Application

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

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

Name (first, middle, last): \_\_\_\_\_

Degree(s): MD / DO

Required Non-Published Member Email: \_\_\_\_\_

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

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

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

Published Clinic Address : \_\_\_\_\_

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

Non Published - Member Address: \_\_\_\_\_

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

### Alaska State Medical Association Dues

Membership Type	Annually
Regular Member	\$525
1 <sup>st</sup> Year Member	\$265
Retired	\$200
PA- Affiliate Membership	\$150
Resident	\$50
Student (MD/DO/PA)	0
Group Membership	Call

### Credit Card Authorization:

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

Card Type: Visa    MasterCard    Amex    Other \_\_\_\_\_

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 **47% of ASMA dues are not deductible** as an ordinary and necessary business expense, because this portion of dues is attributable to lobbying activities.