



# YOU SHOULD JOIN THE Medical Alliance .....if YOU want to

- Develop life long friendships in the “family of medicine.”
- Be an advocate for healthcare by having a voice in the laws that affect the medical profession.
- Support the training of future physicians
- Make a difference in your community.
- Grow personally and professionally through educational programs while making valuable contacts.

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## 2022-2023 MEMBERSHIP & DUES STATEMENT

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY\*STATE\*ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-mail \_\_\_\_\_  
PHYSICIAN SPOUSE'S NAME \_\_\_\_\_  
BIRTHDAY (year optional) \_\_\_\_\_

\_\_\_\_\_ Active & Associate: \$110 (National-\$65, State-\$25, Local \$20)  
\_\_\_\_\_ Social: \$20 (Widow(er), Emeritus Spouse)  
\_\_\_\_\_ Resident-Intern-Medical School Spouse: \$35

Please make checks payable to: The Medical Alliance  
Mail to: Kathie Hazuka  
6201 West 128th Street  
Shawnee Mission, KS 66209

For additional information call the Alliance President:  
Please RSVP to Lissa Young [lifos@aol.com](mailto:lifos@aol.com)  
(913)642-1511