

**Women's Medical Association of Fairfield County
2026 Membership Application**



Dear Colleague,

We had some wonderful lectures in 2025! We are looking forward to another year of great conferences and memorable gatherings. Members will continue to receive advanced notice of all activities. If you wish to renew your membership, please fill out this form. Remember to tell your colleagues about our organization! Also, if you work in a hospital, we would love for you to encourage the residents to join or have you invite them as your guests. Thank you for your continued support!

To renew your membership, kindly return this completed application to:

Rose Tamura, MD
88 Suzie Drive
Newtown, CT
06470

Please write legibly and fill out all information.

Physician's Name _____, MD / DO

Office Address _____
Street _____

City, State, ZIP Code _____

Phone Number _____

Home Address _____
Street _____

City, State, ZIP Code _____

Phone Number _____

Would you prefer to receive mailings at [] Home or [] Office?

Your home address will NOT be published.

E-Mail Address: _____

Medical Specialty: _____
Board Eligible / Certified _____

Annual Dues:

- Attending Physician (\$80)
- Retired Physician (\$40)
- Resident/Fellow Physician (\$10)

Please enclose a check payable to "WMAFC, Inc"

- Renewing membership
- New membership