

**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**Your home address will NOT be published.**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