

Women's Medical Association of Fairfield County
2024 Membership Application



Dear Colleague,

We had some wonderful online lectures in **2023!** 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:

Amanda M. Lindo, MD
8 Hawkins Ave
Norwalk, CT 06855

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Your home address will NOT be published in the directory.

E-Mail Address: _____

Medical Specialty: _____

Board Eligible / Certified

Annual Dues:

- Attending Physician (\$80)
- Retired Physician (\$35)
- Resident/Fellow Physician (\$10)


Payment Method:

- Check (enclosed, made payable to *WMAFC, Inc*)
- PayPal® (online at www.WMAFC.org)
- Credit Card (note \$3 processing fee will be added)

Membership:

- Renewing membership
- New membership

Credit Card Information:

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Card Number: _____

Expiry: ____ / ____ (MM/YY) CVV: _____

Billing Address: _____

Billing Address: _____