



School of Allied Health and Life Sciences
ALLIANCE FOR MEDICAL INFORMATICS
MEMBERSHIP/PARTNERSHIP FORM

MEMBERSHIP/PARTNERSHIP FEE: \$50/year

Date:
Title: Name:
Organization/Affiliation: Profession:
Address:
Daytime Phone: Fax:
E-mail: (for confirmation)
How did you learn of the Alliance?

"Burning Issue(s)" that you would like the Alliance to consider for community outreach:

PAYMENT METHODS:

MEMBERSHIP/PARTNERSHIP FEE: \$50/year
All fees utilized by UWF to support medical informatics outreach. Please visit the Alliance page for a listing of services, provided at: http://uwf.edu/sahls/alliance/membership.cfm

- BY CHECK: Payable to the University of West Florida. Please mail to the address below including a copy of this form.
BY INVOICE: We would be happy to invoice you for a payment by check.

BY CREDIT CARD: Sorry, payments by credit card cannot be accepted at this time.

Mail this form to:

Attention: Melanie A. Sutton
Alliance for Medical Informatics
School of Allied Health and Life Sciences
University of West Florida, Bldg 58, Rm 005
11000 University Parkway
Pensacola, FL 32514

QUESTIONS?

You will receive confirmation of your membership and payment via email or postal mail. If you have any questions regarding your payment or receipts, please contact: Stephanie L. Reedy at sreedy@uwf.edu.

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