



American Medical Women's Association
The Vision and Voice of Women in Medicine since 1915

South Florida Chapter

Membership Application/Donation Form

AMWA VISION

AMWA empowers women to lead in improving health for all within a model that reflects the unique perspective of women.

AMWA MISSION



AMWA is an organization which functions at the local, national, and international level to advance women in medicine and improve women's health. We achieve this by providing and developing leadership, advocacy, education, expertise, and mentoring, and through building strategic alliances.

Executive Board

President:	Dr. Farzanna Haffizulla
Chapter Advisor:	Dr. Diana Galindo
Vice President:	Dr. Dalia McCoy
Treasurers:	Dr Heidi von Harscher Dr. Szilvia Udvari-Nagy
Secretaries:	Dr. Stacy Frankel Dr. Naushira Pandya
Members at Large:	Dr. Lysette Cardona, Dr. Maria Diaz

Name _____

Professional Designation (use abbreviation) _____

Business/Practice Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

If Resident or Fellow, Completion Year (if applicable) _____

If Student, Year of Graduation _____

Specialty or Field of Expertise _____

Membership Options

- Lifetime membership **\$500**
- I am a NEW AMWA Member I'm renewing
- I am a member of a Branch affiliated with National.
Branch: _____ **\$125/year**
- Regular Physician Member - **\$125/year**
- Discounted & Non-Physician Member - **\$75/year**
(includes retired, part-time, and transitional members)
- Resident Member - **\$50**
- Medical/Graduate Student Member - **\$25**
Or \$75 for 4 years
- Undergraduate Student Member - **\$15**

We support many local charities and help fund scholarships for our members

Support South Florida chapter of AMWA

Yes, I am donating to South Florida AMWA !

Donation Amount: \$ _____

Thank you for your payment. AMWA is a 501(c)3 organization (tax ID number 90-0794999).

Please Select Payment Method: Check # _____ Visa MC AMEX

Credit Card#: _____ Expiration Date _____ cvv: _____ Total Amount \$ _____

Signature _____ Date: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail Address _____

If Resident or Fellow, Completion Year (if applicable) _____

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Specialty or Field of Expertise _____

1. What motivates you to join a professional society?

2. What could AMWA provide you that you do not get from your current professional society memberships?

3. How did you learn about AMWA?

2. What AMWA activities appeal to you? (check all that apply)

- Mission and vision
- Charitable activities
- Leadership opportunities
- Advocacy activities
- Continuing educational initiatives
- Networking opportunities
- Serving as a mentor
- Being mentored
- Helping build strategic alliances
- Other _____

**American Medical Women's Association
South Florida Chapter**

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info@housecallsmd.us

Mail membership forms and payments to :

AMWA South Florida/ C/O Dr. Haffizulla

12555 Orange Drive

Suite 257

Davie, FL 33330