



Alaska State Medical Association (ASMA)

2025 Membership Application

4107 Laurel Street, Anchorage, AK 99508 • (907) 562-0304 • asma@asmadocs.org • www.asmadocs.org

Name (*first, middle, last*): _____ Date: _____

Required Non-Published Member Email: _____ Degree(s): MD / DO / DPM

Board Specialty(ies): _____

NPI #: _____ AK License #: _____ Date of Birth: _____

Published Email: _____

Published Clinic Name & Address : _____

Office Phone: _____ Office Fax: _____

Non Published - Member Address: _____

Non-published Member Phone: _____ Member Fax: _____

Alaska State Medical Association Dues

Membership Type	Annually
Regular Member	\$525
1 st Year Member	\$265
Retired	\$200
PA- Affiliate Membership	\$150
Resident	\$50
Student (MD/DO/PA)	0
Group Membership	Call

Credit Card Authorization:

Total to be charged: \$ _____

Card Type: Visa MasterCard Amex Other _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ CVS Code _____

Name (Please **PRINT** name as it appears on card): _____

Billing Address for CARD: _____

Billing Address **MUST INCLUDE ZIP CODE:** _____ Phone: _____

Email you'd like credit card receipts sent to: _____

The issuer of the card identified above is authorized to pay the amount shown as "Total to be charged". I promise to pay the amount "Total to be charged" subject to and in accordance with the agreement governing the use of such card.

Date: _____ Signature (required): _____

ASMA dues are not deductible as a charitable contribution for federal income tax because dues are attributable to lobbying activities.