

**JOIN RAMA**  
Roanoke Academy of Medicine Alliance

Please send this page with your check to Carol Widmeyer at the address below.

2017 – 2018 Dues Statement and Membership Information

Name\_\_\_\_\_

Spouse\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

**It is important that we have your email address so you can receive the RAMAGRAM. If you don't have email we will mail the newsletter to you.**

Spouse's Specialty\_\_\_\_\_

Make your check payable to RAMA for:

Regular Member.....\$75  
Retired/Widowed.....\$40  
Resident Spouse.....\$20  
PA/PA Spouse.....\$40

Please send to:  
Carol Widmeyer  
3345 Southwood Village Ct.  
Roanoke, VA 24014