



AMPSAA Active Corporate Membership Application

The American Medical Physicians and Surgeons Advancement Alliance (AMPSAA) is a global medical platform dedicated to improving lives. The annual Active corporate membership dues for 2019 are listed below. Membership renewal is every January 1.

All Fields are Required to be filled.

Company Name: _____

Address: _____

City /State /Province: _____ Country/Postal Code: _____

Contact Name and Title: _____ Contact Phone: _____

Contact Email : _____ Company Website: _____

MEMBERSHIP OPTIONS:

Platinum Corporate Membership \$5,000

Gold Corporate Membership \$3,500

Silver Corporate Membership \$2,000

Bronze Corporate Membership \$1,000*

*First year membership on-time discount \$500

PAYMENT INFORMATION:

Corporate Membership Fee (enter fee listed above) \$ _____

Please make checks payable to: **AMPSAA**

OR

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD # : _____ CVV CODE : _____ EXP. DATE : _____

SIGNATURE OF CARDHOLDER: _____

NAME OF CARDHOLDER: _____

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO: AMPSAA.

HEADQUARTERS: **2502 E. Washington Blvd, Pasadena, CA 91104**

PLEASE KEEP A PHOTOCOPY OF THE FORM AND ANY CHECKS FOR YOUR RECORDS