2012-2013 MEMBERSHIP FORM

NAME: ________________________________________________________________________________________
(First) (Last)

ADDRESS: ____________________________________________________________________________________________________
(Street) (City) (State) (Zip)

TELEPHONE: Primary (H, W, C) ____________________ Secondary (H, W, C) ____________________
E-mail ____________________ Your Department/Administrative Affiliation: ______________________

Your Spouse/Partner’s Name (if applicable): __________________ Department: ______________________
Year I first joined SMA: ________ Please send my SMA Newsletter via ___email OR____ regular mail

ANNUAL DUES ARE $35 (NOT TAX DEDUCTIBLE).
Please make check payable to OHSU SCHOOL OF MEDICINE ALLIANCE (SMA) & send with this form to:
Anne Yoo, 2606 NW Lovejoy St, Portland OR 97210

I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING GROUPS OR COMMITTEES:

_____ Event Planning     _____ Financial/Fundraising     ____ Long Range Planning     _____ Membership
_____ Newcomers _____ Newsletter _____ Publications _____ Publicity _____ Program ____ Chocolate Sale

_____ Blankets and Books for Babies – Quarterly preparation of donated books and hand-made baby clothing for
OHSU newborn nursery and family medicine health centers

_____ Day Book Group – Meets 2nd Tuesday morning of each month in members’ homes

_____ Evening Book Group – Meets 2nd Thursday evening of each month in members’ homes

_____ Garden Group – Varied events and meetings during the year

_____ Movie Group – meets 1st Monday/monthly

_____ Threads (Knitting Group) – meets 2nd Wednesday/monthly

_____ Walking Group   --  Tuesday/Thursday mornings in Forest Heights and/or Lake Oswego

_____ Bird-watching Group (dates TBD)

_____ Gourmet Group (meets monthly)

_____ Chocolate Sale (mid-February)

_____ I have a home large enough for entertaining groups, and would be willing to consider hosting an event

I would also like to support SMA with a tax deductible gift in the amount of $__________ to be used for
_____ Student support _____ general support of the OHSU SOM _____ Blankets & Books for Babies _____ other

I designate this gift in honor of ____________________ or in memory of ____________________.

Please include a **SEPARATE CHECK** payable to OHSU Foundation, and mail it to Anne Yoo as well