

Knoxville Academy of Medicine Alliance

Mission Statement

KAMA is a non-profit organization established in partnership with the Knoxville Academy of Medicine to promote health education programs that impact the welfare of our community and to encourage friendships among its members.

In 1928, the spouses of members of the Knoxville Academy of Medicine recognized the needs and benefits of working together to further the physicians work to improve the health of the citizens of Knoxville. They organized what is now known as the Knoxville Academy of Medicine Alliance (KAMA). Today, KAMA is an organization whose members spend countless hours of service each year to improve community health through education and hands on service.

I would like to become a new KAMA Member I would like to renew my KAMA membership

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Email address _____

(Email address will not be shared outside the KAMA membership).

Occupation _____

Spouse's Name and Speciality _____

Hospital Affiliations _____

Regular Member **\$90.00**

Special Member **\$20.00**

(for widow or spouse of retiree but you may pay regular dues to remain a member on local, state, and national levels of the Alliance.)

Resident Physician Spouse **\$15.00**

Please bill my Spouse's practice at the following address:

If you have special talents or skills that would be helpful to KAMA, please share them with us:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Teaching | <input type="checkbox"/> Nursing | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Organizing | <input type="checkbox"/> Financial | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Photography | <input type="checkbox"/> Scrapbooking | |
| <input type="checkbox"/> Other _____ | | | |

My special interest is: (Please check one or more) (See other side for program descriptions)

- | | | |
|---|--|---|
| <input type="checkbox"/> AMA Foundation | <input type="checkbox"/> Fashiondrama | <input type="checkbox"/> Impact & Legislation |
| <input type="checkbox"/> KAMA Health Discovery Center | <input type="checkbox"/> Health Promotions | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Monthly Meetings, Nametags, Telephone, Reservations, Caterers, Collections | | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> SAVE (Stop America's Violence Everywhere) | | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> TAPP (Teen AIDS Prevention Program) | <input type="checkbox"/> Dues paying member only | |

Is there any elected office in which you would be willing to serve? _____

Is there any committee which you are willing to chair or co-chair? _____

Are there any specialty or interest groups you are interested in joining or starting? _____

(Bunco, Book Club, Flu Shot Program, Garden Club, Investment Club, Lunch Group, Moms & Tots, etc.)

Any Ideas or Program requests for next year? _____

Would you come to the monthly meetings if we provided a babysitting service? _____

(This will depend on number of people making this request.)

** Please fill out and return this with your dues check. Even if you do not wish to participate in a committee, please fill in the top portion so we have a record of your address for mailings.*

Please send dues payable to KAMA to:

**Jessica Miller
1023 Gettysvue Drive
Knoxville, TN 37922**