

Medical Partners

MEMBERSHIP FORM

Medical Partners is a group of spouses and significant others of UHC residents, fellows, and medical students. We are glad you are interested in our group! Please fill out the form completely and legibly. The information will be used to compile the Medical Partners Member Directory.

Your Name _____

Address _____

City/State/Zip _____

Home Phone _____

Email Address _____

Occupation _____

Name of Spouse/Significant Other _____

Spouse's/Sig. Other's Department _____

Spouse's/Sig. Other's Year to Graduate _____

Your Birth Date _____

Spouse's/Sig. Other's Birth Date _____

Children's Names and Birth Dates _____

Annual memberships are **\$25**, and need to be received by **August 15th in order to be included in the directory**. Please bring your completed membership form and **check payable to Medical Partners** to the Welcome Reception or mail it to:

Holly Boyer
1392 Woolridge Dr.
Coralville, IA 52241