



**Association of Ringside Physicians  
2018 Membership Invoice**

Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Annual Membership Dues:**

**Physician Member: \$150.00**

Open to any MD or DO.

**Medical Student/Resident Member: \$50.00**

Open to all medical students, or individuals in their internships or residencies.

**Associate Member: \$75.00**

Commission members, staff, attorneys, physician assistants, EMT's, athletic trainers, and other medical personnel.

**Total Amount Enclosed \$ \_\_\_\_\_**

**PAYMENT OPTIONS:**

Join / Renew Online at [www.RingsideARP.org](http://www.RingsideARP.org)

\_\_\_\_\_ Check Enclosed

**Please send your payment to:**

**Association of Ringside Physicians  
2424 American Lane  
Madison, WI 53704**