



CMA Alliance Dues Submission Cover Sheet for Counties

Submitted by:

County: _____

Date of submission: _____ Batch: _____

Name of Treasurer or Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Fax: _____

Email: _____

Submission Details:

Member category	Yearly dues	Total number of members	Total dues submitted
Regular (Physician or spouse)	\$30		
Sustaining (Retired or Widowed)	\$15		
Resident	\$ 3		
Resident Spouse	\$ 3		
Medical Student	\$ 3		
Medical Student Spouse	\$ 3		
Friend of Medicine	\$30		

Payment: Checks should be made payable to CMA Alliance.

Questions?: Patricia Lawrence, VP of Membership, patricial@charter.net, 805-461-3867 or the CMAA office 1-800-492-4054.

Office Use Only:

Date dues received:	
Check:	
Total amount:	
Received by:	