



California Medical Association Alliance Membership Application Members-at-Large

Personal Information

Name _____
Address _____
City/Zip _____
Home Phone () _____
Work Phone () _____
Fax () _____
Cell () _____
Email _____
Expertise/Background _____

Volunteer interest

- Community Health
- Legislation
- Membership
- Financial Development
- Medical Family Support
- Programs & Events
- Leadership Development
- Other _____

Membership Categories

- Please accept my membership application.
- Regular Membership
(Physician or Physician Spouse/partner)
- Sustaining Membership
(Retired physician or spouse of retired or deceased physician)
- Student Membership
(Medical Student, Intern, Resident, Fellow or spouse)
- Friend of Medicine (Associate Membership)
(A member who fits none of the above categories and who supports the family of medicine)

Alliance Dues

State, National
Regular Membership.....\$ 70.00
Sustaining Membership.....\$ 55.00
Student Membership.....\$ 15.00
(Scholarships available upon request)
Friend of Medicine.....\$ 30.00

Total Enclosed \$ _____

It's Time to Renew Your Membership or Join Us!

- My check is enclosed made payable to CMAA. Additional Contribution Amount.....\$ _____
 - I prefer to charge my membership to my credit card. Total Enclosed.....\$ _____
- Signature _____ Card# _____ Expires _____
- Visa Mastercard American Express

Send Application to:

CMA Alliance
1201 J Street #300
Sacramento, CA 95814

For further information contact:
CMA Alliance 1-800-492-4054