Sierra Sacramento Valley Medical Society Alliance

Annual Membership Dues 2011-2012

Your membership in the Alliance is very important to our continued efforts to promote good health in our community. Your membership increases the Alliance's ability to speak with a stronger voice to the health concerns of our community. Membership in the Alliance allows you to be directly involved in our projects, activities, and events; however, even if you do not have time to actively participate in our projects, or can only participate occasionally, your dues are very important as they support our grants, projects, and scholarships.

- **Member:** *married, divorced spouses, and domestic partners of physician; physicians; individuals eligible for Associate Membership.* **Dues: $60**
- **Associate Member:** *spouses of retired physicians; widows of physicians; spouses of medical students and house staff members; retired physicians.* **Dues: $40**
- **National Membership:** *Optional membership for Members and Associates.* **Dues: $50**
- **Honorary Members:** *open to those who have been awarded Honorary status. It is also for members in good standing who are 90 years of age.* ***Dues: $0*** **Honorary members please return membership form to ensure your name appears in the member directory.*
- **Friends of the Alliance:** *open to interested persons who are not eligible for Alliance membership. Friends will appear in the directory and receive mailings about our activities and upcoming events.* **Dues: $25**

Name: _____ Spouse/Domestic Partner's Name: _____

(As you wish it to appear in the roster. *Please print)*

Address: _____
Street City Zip

Telephone Number: (H) _____ (W) _____(Cell)_____

Email Address: _____

Local and State Membership Dues:	***Member***	***$60***	***$_____***
	Associate	***$40***	***$_____***
Friends of the Alliance:	***Friend***	***$25***	***$_____***
National Membership AMAA:	***National***	***$50***	***$_____***
****optional***			
		Total Dues:	***$_____***
Community Endowment Fund Gift:			***$_____***
(See attached letter for more info on CEF)			
		Total Amount:	***$_____***

Check (payable to SSVMSA) or Credit Card Payment: Visa MC (Circle one)

Name as it appears on Card: _____ Signature_____

Card #_____ Exp._____/_____ CCV_____ (3 digit code on back of card)

Return to Treasurer: Kim Majetich, 3520 Autumn Point Lane, Carmichael, CA 95608 916-944-8062