



SPREADSHEET FIELDS-CMAA MEMBER DATA

FIELDS FOR CMAA MEMBERSHIP DUES SPREADSHEET

- County
- Last
- First
- Full Name
- 2014 (check box)
- 2015 (check box)
- 2016 (check box)
- 2016-17 (check box)
- 2017 (check box)
- 2017-18 (check box)
- 2018 (check box)
- Address
- City
- State
- Zip plus 4
- Email
- Home Phone
- Cell Phone (if this is a preferred contact number)
- Category

Regular

Regular Physician

Sustaining (Retired physician or spouse of a retired or deceased physician.)

PIT (Medical Student, Intern, Resident, Fellow or spouse/partner)

Friend of Medicine (A member who fits none of the above and supports the family of medicine.
Must be sponsored by an Active Alliance member.)

CMAA Past Presidents Only (If your county has honorary members, **state dues must still be paid**. The only CMAA members with waived dues are Past CMAA Presidents. Most of these members support the Alliance and pay dues.)

Status

New

Rejoin

Continuing

Local \$

CMAA \$

AAMA \$

County Position (Optional)

CMAA # (Optional)

Spouse

Spouse Specialty (Optional)

Member Specialty (Optional)

Revised 06/2017