



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 and Cell 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		
Physician-in-Training	\$ 5		
Physician-in-Training Spouse	\$ 5		
Friend/Family of Medicine	\$60		

Payment: Checks should be made payable to CMA Alliance.**Contact Information****Email:** membership@cmaalliancenet.org

CMA Alliance
P.O. Box 12605
Bakersfield, CA 93389-2605

Office Use Only:

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