



SPREADSHEET FIELDS - CMAA MEMBER DATA

FIELDS FOR CMAA MEMBERSHIP SPREADSHEET

- County
- Last
- First
- Full Name
- 08-09 (check box)
- 09-10 (check box)
- 10-11 (check box)
- 11-12 (check box)
- 2012-13 (check box)
- 2013-14 (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.)
 - Honorary: CMAA Only**
(If you have honorary members in your county, **state dues must still be paid.**
The only CMAA members with waived dues are Past CMAA Presidents and Honorary CMAA Members. Most of these members support the Alliance and pay dues.)
- Status
 - New**
 - Rejoin**
 - Continuing**
- Local \$
- CMAA \$
- AMAA \$
- CALPAC \$
- County Position (optional)
- CMAA # (optional)
- Spouse
- Spouse Specialty (optional)
- Member Specialty (optional)