



Registration for MEMBERS-AT-LARGE

Personal Information

Name _____

Regular Membership - Members At Large

County Medical Society _____

Address _____

City/Zip _____

Home Phone () _____

Work Phone () _____

FAX () _____

Cell Phone () _____

Email _____

Alliance Dues:
 Regular Membership (MAL).....\$60.00
 AMAA Dues (Optional).....\$50.00

Total Dues \$ _____

Volunteer Interest

- ___ Community Health
- ___ Legislation/MICRA
- ___ Membership
- ___ Programs & Events

My check is enclosed made payable to CMAA.

Total Enclosed.....\$ _____

Mail or FAX Application to:
 CMA Alliance, PO Box 12605, Bakersfield, CA 93389-2605
 Fax: (661) 328-9372 or (916) 551-2029
 For further information contact: cmaa@me.com or visit www.cmaalliance.com