



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 Phone: _____ 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	Courtesy		
Physician-in-training Spouse	Courtesy		
Friend of Medicine	\$30		

Payment: Checks should be made payable to CMA Alliance.

Questions: Colleen Mazj zuzumazi@yahoo.com or Tracy Liston tracy.liston@gmail.com

Office Use Only:

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