



# 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           | \$ 3        |                         |                      |
| Physician-in-training Spouse    | \$ 3        |                         |                      |
| Friend of Medicine              | \$30        |                         |                      |

**Payment: Checks should be made payable to CMA Alliance.****Questions?:** Lisa Smith, Membership Committee, lsmith5676@aol.com,  
Tricia Hunstock, tricstock@gmail.com, or Sori DeVore, sorid@aol.com**Office Use Only:**

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