



**SPREADSHEET FIELDS**  
**CMAA MEMBER DATA**

**FIELDS FOR CMAA MEMBERSHIP SPREADSHEET**

- County
- Last
- First
- Full Name
- 05-06 (check box)
- 06-07 (check box)
- 07-08 (check box)
- 08-09 (check box)
- 09-10 (check box)
- 10-11 (check box)
- Address
- City
- ST
- Zip
- 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)
  - RP** (Resident Physician)
  - RPS** (Resident Physician Spouse/Partner)
  - MS** (Medical Student)
  - MSS** (Medical Student Spouse/Partner)
  - Friend**
  - 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)

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