

Sierra Sacramento Valley Medical Society Alliance
Annual Membership Dues 2018-2019

Your membership in the Alliance is very important to our continued efforts to promote good health in our community. Your membership strengthens our voice when addressing local health concerns, and allows you to be directly involved and aware of our projects, activities, and events. Even if you do not have time to actively participate in our projects, or can only participate occasionally, your dues are very important as they support our grants, projects, and scholarships. You can visit us online at www.ssvmsa.org.

- **Member:** *married, divorced spouses, and domestic partners of physician; physicians; individuals eligible for Associate Membership. Dues: \$60*
- **Associate Member:** *retired physicians and their spouses; widows of physicians: Dues: \$40*
- **National Membership:** *Optional membership for Members and Associates. Dues: \$50*
- **Honorary Members:** *open to those who have been awarded Honorary status. It is also for members in good standing who are 90 years of age. Dues: \$0 *Honorary members please return membership form to ensure your name appears in the member directory.*
- **Friends of the Alliance:** *open to interested persons who are not eligible for Alliance membership. Friends will appear in the directory and receive mailings about our activities and upcoming events. Dues: \$25*
- **Free 1st Year Membership for all new members, and to Medical Students, Interns, Residents, Fellows and their spouses/significant others**

Name: _____ Spouse/Domestic Partner's Name: _____

(As you wish it to appear in the roster. Please print)

Address: _____
 Street City Zip

Telephone Number: (H) _____ (W) _____ (Cell) _____

Email Address: _____ Preferred Method of Contact: _____ Email _____ Standard Mail

Birthday: (DD/MM) _____

Local and State Membership Dues:	Member \$60	\$ _____
	Associate \$40	\$ _____
Friends of the Alliance:	Friend \$25	\$ _____

Total Dues: \$ _____ or eligible for 1st year free _____

Community Endowment Fund Gift: \$ _____
 (See attached letter for more info on CEF)

Total Amount: \$ _____

Check (payable to SSVMSA) or Credit Card Payment: Visa MC American Express (Circle one)

Name as it appears on Card: _____ **Signature** _____

Card # _____ **Exp.** ____/____ **CCV** _____ (3 digit code on back of card)

Mailing address: _____
 Return to Treasurer Kathy Greenhalgh, 39034 Black Hawk Place, Davis CA 95616