

MUSKEGON COUNTY MEDICAL SOCIETY ALLIANCE

Dental Spouse Registration Form

Name _____ Spouse's Name _____

Address _____ City _____ Zip _____

Phone Number (include area code) _____ Member Since (year) _____

E-mail address _____

(NOTE: Email addresses are used for the sole purpose of communication and distribution of MCMSA information to our members.)

For meeting reminders, I prefer to be contacted by (please check one):

Phone Call _____ E-Mail _____ Please do not contact me _____

MEMBERSHIP DUES:

Muskegon County dues \$25.00 _____

Please submit your PAYMENT by check to:
Anna Hunt, MCMSA Membership Committee
1695 Rood Point Road
Muskegon, MI 49441

Thank you for your financial support!

Please check one of the following statements if you DO NOT intend to join MCMSA this year:

- I do not wish to join the MCMSA now or in the future, please do not send me any future mailings.
I do not wish to join the MCMSA at this time, please contact me next year.

Please complete the BOTTOM portion of this form (include name and address above) and submit your DECLINE to: Anna Hunt, MCMSA Membership Committee, 1695 Rood Point Road, Muskegon, MI 49441.

Or E-mail your decline wishes to tnahunt@comcast.net.

We will update our records accordingly. Thank you!