

MUSKEGON COUNTY MEDICAL SOCIETY ALLIANCE

Name \_\_\_\_\_ Physician 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 STATUS

(Please check one):

REGULAR MEMBER (pay full dues) \$97.00 \_\_\_\_\_

EMERITUS-R (Spouse of a physician who is Retired)

• Pay County dues ONLY \$25.00 \_\_\_\_\_

• OR you may still pay full dues to support the State and National organizations \$97.00 \_\_\_\_\_

EMERITUS-D (Spouse of a physician who is Deceased)

• Pay County dues OR complimentary \$25.00 or "Free" \_\_\_\_\_

• OR you may still pay the full dues to support State and National organizations \$97.00 \_\_\_\_\_

Please submit your PAYMENT by check to: MSMSA, Attn: Gina Gibson, P.O. Box 950, East Lansing, MI 48826-0950

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: MCMSA Membership Committee, 1710 Rood Point Rd, Muskegon, MI 49441 Or E-mail your decline to k-m-otto@comcast.net. We will update our records accordingly. Thank you!