



Michigan State Medical Society Alliance

Administrative Offices: 3031 W. Grand River Blvd. Suite 645, Detroit, MI 48202
 Phone: 313-874-1360 Ext. 304 Fax: 313-874-1366 Email: msmsa@msmsa.org

2018-2019 Dues Form

Name: _____

Spouse/Partner's Full Name: _____

Address: _____

City: _____ MI Zip Code: _____

County: _____

Home Phone: _____ Cell: _____

AMA Member since (yr) _____ MSMSA Member since (yr) _____ ICMSA Member since (yr) _____

Please make check payable to MSMSA

Mail your completed dues form and check to:

MSMSA, 3031 W. Grand Blvd., Suite 645, Detroit, MI 48202

You may pay for all or all three Alliance dues. However, we are encouraging you to join all three.

Spouse/Partner of a practicing physician			Spouse/Partner of a Resident in Training			Spouse/Partner of a *Retired or a Deceased Physician		
	Individual Membership	Couples Membership		Individual Membership	Couples Membership		Individual Membership	Couples Membership
AMA-A	52.00	80.00	AMA-A	10.00	15.00	AMA-A	50.00	NA
MSMSA	32.00	50.00	MSMSA	15.00	NA	MSMSA	25.00	*40.00
County			County			County		
Total			Total			Total		

If you prefer, dues may be paid online at: <http://www/msmsa.org/join-msmsa/>

To ensure proper credit, please DETACH AND RETURN THE UPPER PORTION- with your check

Total \$ _____

Mastercard _____ VISA _____ AMEX _____

Card # _____

Billing Address _____

Print: Name _____ Signature _____

Email _____

Receipt _____

*Working together: The Michigan State Medical Society Alliance,
 The American Medical Association Alliance, and our Local County Alliances*

MSMSA Executive Board Members

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