



Michigan State Medical Society Alliance

Membership Dues Notice – **Due June 1st**

Name: _____

Email Address: _____

Spouse/Partner’s Full Name: _____

Address: _____

City: _____ State _____ Zip Code _____

County: _____

Home Phone: _____

Cell Phone: _____

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
MSMSA	35.00	50.00	MSMSA	15.00	NA	MSMSA	25.00	*40.00

You may also pay on-line: <http://www.msmsa.org/join>

All PayPal and credit card transactions are subject to a \$3 processing fee.

Total Amount : _____

Check: _____ **Please make check payable to MSMSA**

Credit Card: Mastercard _____ VISA _____ AMEX _____

Card # _____ Expiration date: _____/_____/_____

Signature _____ Security Code on Card _____

Mail your completed dues form and payment to:

Tammy Guastella

2843 East Grand River /Suite #228/East Lansing, MI 48823

We encourage you to also join our National Alliance: www.amaalliance.org

“Physician families dedicated to advancing the health of Michigan citizens through advocacy, education and action.”