**Sarasota County Medical Society Alliance**

[**www.myscmsa.org**](http://www.myscmsa.org)

Dear Membership Candidate:

Please complete this form and join us today! We look forward to having you in the Alliance!

Our annual membership dues are as follows (choose one):

**- Standard**, Sarasota County Medical Society Alliance  **$50** \_\_\_\_\_

**-Premium**, Both S.C.M.S.A. and the Florida Medical Assoc. Alliance (FMAA) **$100** \_\_\_\_\_

Please make **check payable to**: **S.C.M.S.A.** or use credit card (M/C, Visa, AmEx).

Credit card type \_\_\_\_\_\_\_\_Card#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. \_\_\_\_\_\_\_\_\_ Code\_\_\_\_\_\_\_

**Or mail to**: SCMSA ℅ Priya Acharya, 3762 Eagle Hammock Dr. Sarasota, FL 34240

Or **Fax:** (941)929-9800 (with credit card info)

You will be listed in a printed directory and a password-protected membership area of our website.

Name   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty (if you are a physician) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ his/her med. specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ages of children (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special job skill or talent you would like to share (ie, accounting, computers, marketing, teaching, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please mark if you may be interested in participating in any of our social clubs:  
\_\_\_\_\_\_\_ Moms and baby/toddler playgroup \_\_\_\_\_\_\_ Bunco Club (once a month- Girls Night Out)  
\_\_\_\_\_\_\_ Book Club (daytime once a month) \_\_\_\_\_ I have new club suggestion. If so, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
\_\_\_**\_**\_\_\_ My physician spouse may be interested in TV participation or engaging a special event to support our physicianadvocateaward.org program (RX abuse and misuse) campaign.

Best Regards,

**Ricki Rubin**

**Membership Chair**, rickivolunteer@gmail.com, cell (941) 448-1632, (941)580-6670