**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 mail this form with a **check payable to**: **S.C.M.S.A., P.O. Box 110072, Lakewood Ranch, FL 34211** or use credit card (M/C, Visa, AmEx) Pay Pal fee of $2 for standard or $4 for premium)

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

Or **Fax:** (941)929-9800 form if paying online by credit card.

You will be listed in a printed directory

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: computers, marketing, teaching, fundraising etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please mark if you may be interested in participating in any of our clubs:  
\_\_\_\_\_\_\_ Moms and baby/toddler playgroup \_\_\_\_\_\_\_ Social Club (once a month)  
\_\_\_\_\_\_\_ Book Club (daytime once a month) \_\_\_\_\_ I have new club suggestion. If so, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Regards,

**Bonnie Silverman**

**Membership Chair**, [Bonnie.Silverman@myscmsa.org](mailto:Bonnie.Silverman@myscmsa.org) (941) 374-4361