



# Sonoma County Medical Association Alliance

*“Building Healthy Communities”*

**Join Us! Become a Member!**

**Who We Are**

The Sonoma County Medical Association Alliance is the volunteer arm of the Sonoma County Medical Association consisting of physicians, spouses, physicians in training and friends of medicine. Support for the medical family and shared concerns unite our commitment to the health of our community.

**What We Do**

In the Alliance, members work together to promote quality health care in Sonoma County through education, community service programs and legislative advocacy. For more information, please check our website [www.scmama.org](http://www.scmama.org) or [www.amaalliance.org](http://www.amaalliance.org)

**It’s Easy to Sign Up!**

Just fill out the following and mail with your payment to the address below.

Name: \_\_\_\_\_

Profession/ Volunteer Affiliations: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse’s Name: \_\_\_\_\_ Spouse’s Specialty: \_\_\_\_\_

**Check one Alliance Membership category:**

- Regular Member:** Physician or spouse of a physician (County & State dues).....\$65.00
- Sustaining Member:** Spouse of a part-time, retired or deceased physician  
(County & State dues).....\$50.00
- Associate Member:** Divorced spouse of a physician who has not remarried  
(County & State dues).....\$65.00
- Medical Student/Resident Spouse/Fellow:** (County & State dues) (1<sup>st</sup> year free) ..... \$15.00
- Associate Member/Friend of the Alliance:** Member not married to a physician nor a physician  
(County & State dues).....\$55.00

**Optional and strongly encouraged:**

- AMA Alliance Member** (National dues).....\$40.00
- Hospitality Fund**.....\$ 5.00

Total: \$ \_\_\_\_\_

**Payment Method:**

- My check is enclosed made payable to: SCMAA
- I prefer to charge my membership to Visa or MasterCard.     Visa     MasterCard

Signature \_\_\_\_\_ Card # \_\_\_\_\_ Expires \_\_\_\_\_

**Alliance Involvement:**

**Yes, I would like to become more involved with the Alliance, join in on the fun, and make some new friends.**

**Please contact me at \_\_\_\_\_ The best time to reach me is \_\_\_\_\_.**

Mail this form and your payment to:

**SCMAA c/o Meta Lightfoot  
5421 Wilshire Drive  
Santa Rosa, CA 95404**