



Los Angeles County Medical Association Alliance

...Physician Families Making a Difference in the Health of Los Angeles County Since 1929

Annual Membership Dues January-December 2020

About the Alliance



We're the home for Los Angeles County's physicians, medical students and spouses/partners, the family of medicine in our great Los Angeles County. Our promise and our mission is to partner with the Los Angeles County Medical Association to create a healthier Los Angeles and to unite and support physician families in Los Angeles County. From medical school all the way through retirement, if you're part of a hospital system, in private practice, in academic medicine, in military service or currently in training, all are welcome to join us to network with and support other physician families, to serve our community and to have fun! www.lacmaalliance.com

Membership Categories

- **Member:** Physician or spouse/partner of a physician
- **Sustaining Member:** Retired physician or spouse/partner of a retired or deceased physician (Reduced dues)
- **Charter Member:** 35-year member (Reduced dues)
- **Physician-in-Training:** Medical student, resident, fellow, or spouse/partner of a medical student, resident or fellow. (First year free)
- **LACMA Physician Member:** A LACMA member in active practice or retired
- **MD/DO Seeking Residency Program:** An MD living in Los Angeles looking for a residency program

Alliance Membership Information

Name _____ Spouse/Partner _____

Address _____
Street City ST Zip

Contact Phone _____ Email _____

Interests _____

Your Profession/Specialty _____ Spouse Profession/Specialty _____

_____ *Member.....\$ 80.00	_____ *LACMA Physician Member.....\$ 50.00
_____ *Charter Member.....\$ 50.00	_____ *Physician-in-Training.....\$ 10.00
_____ *Sustaining Member.....\$ 50.00	_____ MD/DO Seeking Residency Program.....\$ 50.00

_____ *Physician-in-Training (First Year Free).....\$ 00.00

_____ Contribution to Alliance Projects.....\$ _____

_____ Contribution to In-Training and Young Physician Mentorship Program \$ _____

_____ I'm not ready to join just yet but I support your efforts \$ _____ Please remove me from your mailing list.

_____ Online Payment: <http://www.lacmaalliance.com/join-us.html> Total \$ _____

_____ My check is enclosed payable to CMA Alliance.

_____ Please charge my credit card.

Card Number _____ Expiration Date _____ Security Code _____

Signature _____

District Affiliation _____ (Optional)

* **State Membership:** The above membership levels include your membership to the California Medical Association Alliance.

* **National Membership:** National membership is now billed directly by the AMA Alliance. Please see their website (<http://www.amaalliance.org>) for more details.

Mailing Address:

Los Angeles County Medical Association Alliance
c/o P.O. Box 12605, Bakersfield, CA 93389-2605
Phone: 323-989-2530