



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 2022

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)
- **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

Alliance Membership Information

Name _____ Spouse/Partner _____

Address _____

Street

City

ST

Zip

Contact Phone _____ Email _____

Your Profession/Specialty _____ Spouse Profession/Specialty _____

____ *Member.....\$ 80.00 ____ * LACMA Physician Member.....\$ 50.00

____ *Charter Member.....\$ 50.00 ____ * Sustaining Member.....\$ 50.00

____ *In-Training (First Year Free) \$ 00.00 ____ * In-Training.....\$ 10.00

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

____ My check is enclosed payable to LACMA Alliance. Total \$ _____

____ I am paying securely online: <https://www.lacmaalliance.com/join-us.html>

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

Mailing Address:
Los Angeles County Medical Association Alliance
P.O. Box 2078, Los Gatos, CA 95031-2078

Phone: 213-683-9900 www.lacmaalliance.com

*LACMA Alliance is a 501(c)3 non-profit organization, Tax ID # 86-1980093
Your Dues and Donations May be Tax Deductible*