

# Charleston County Medical Society

# ALLIANCE

## Membership Application 2016-2017

Due September 1st

Name \_\_\_\_\_ Preferred title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
Spouse Specialty/Place of Employment \_\_\_\_\_

### CCMSA Dues:

\$ \_\_\_\_\_ Local County dues (\$50)

\$ \_\_\_\_\_ Associate Local dues (\$25) *(spouse of retired, disabled, or deceased physician)*

\$ \_\_\_\_\_ State dues (\$25) *(optional) \**

\$ \_\_\_\_\_ National dues (\$50) *(optional) \**

\$ \_\_\_\_\_ **Friends of the Alliance Donation** *(optional)*

*The fund allows both members and non-members to make tax-deductible contributions toward CCMSA's local mission and goals. Your support enables CCMSA to continue giving and growing healthy communities across Charleston.*

\$ \_\_\_\_\_ Total Paid

Please mail your completed application and check (payable to CCMSA) to:

Karen Pinosky

296 North Hobcaw Dr.

Mt. Pleasant, SC 29464

Or pay online at: [www.ccmsalliance.org](http://www.ccmsalliance.org)

*\* State and National dues help promote health education, provide resources to Alliance members, and promote legislative awareness and initiatives.*