

Charleston County Medical Society

ALLIANCE

Membership Application 2017-2018

Due September 13th

Name _____ Preferred title _____
Address _____
Home Phone _____ Cell 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

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