

Charleston County Medical Society
ALLIANCE

Membership Application 2018-2019

Due September 1st

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 \$35 (*optional*) *

\$ _____ National dues \$65 (*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.

\$ _____ RPMSS Sponsor \$16 (*optional*) Resident Physician or Medical Student Spouse
Local \$0, State \$1, National \$15 = \$16 dues

\$ _____ TOTAL Paid CCMSA Tax ID# 57-0654997

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

Debbie Goulding, Co-Treasurer

1408 Brecon Road

Mount 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.*