



Mendocino-Lake County Medical Society / California Medical Association



MEMBERSHIP APPLICATION

Name (as shown on CA MD/DO License)

CA MD/DO License Number

Office Address

Office Telephone Number

Office Fax Number

E-mail Address

Home Address:

Home Telephone Number

Spouse's Name

Social Security Number

Date of Birth

Place of Birth

Specialty and Year of Board Certification

Subspecialty and Year of Board Certification

Subspecialty and Year of Board Certification

Medical School

Yr

Graduation Year

Internship

Yr

to Yr

Residency

Yr

to Yr

Previous California Medical Association (CMA) Active member? yes no I am interested in AMA membership.

Indicate mode of practice:

- Solo/Small Grp (1-4) Medium Grp (5-149) Large Grp (150-999) Very Large Grp (1,000+) Academic Hospital-Based Government-Employed Administrative Medicine

The foregoing is true and complete, and I endorse the Principles of Medical Ethics of MLCMS, CMA and AMA (available at cmanet.org).

Signature Date

Indicate your Membership Status:

- \$790 Active (practicing in Mendo/Lake Co. with a physician & surgeon's certificate issued by the MBC or OMBC).
\$395 Active, Half time and 65+Yrs (working 1- 20 hours/week and are 65+ years of age).
\$395 Government (receive more than 50 percent of their practice income from county, state or federal employment).
\$120 Multiple (physician who is an active member of another CMA component medical society).

METHOD OF PAYMENT: CHECK ENCLOSED: \$ BILL ME
PLEASE CHARGE \$ to my credit card: Please indicate which card below.
Card Type: (Circle One) MasterCard VISA Account Number: Exp.:
Signature:

Fax completed application to 707/525-4328, or
send to Mendocino-Lake County Medical Society, 3033 Cleveland Ave. #104, Santa Rosa, CA 95403 (Telephone: 707/525-4375)