

SANGAMON COUNTY MEDICAL SOCIETY ALLIANCE  
2016 - 2017 SCMSA Dues Form

Name \_\_\_\_\_  
Dr/Mr/Mrs/Ms (First Name) (Last Name)

Spouse \_\_\_\_\_  
Dr/Mr/Mrs/Ms (First Name) (Last Name)

Address \_\_\_\_\_  
Street

\_\_\_\_\_ IL \_\_\_\_\_ Email \_\_\_\_\_  
City Zip

Phone \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) Birth month and day \_\_\_\_\_

**SCMSA MEMBERSHIP CATEGORIES:**

Please check the category that describes you. Then, enter the amount enclosed.

Make check payable to SCMSA

Note:

- For FY 2016-2017, per General Membership approval, all of the dues collected by SCMSA will be retained by SCMSA for local use in support of the SCMSA Mission.

Regular Member, Physician Member, or Divorced Spouse of Physician

\_\_\_\_\_ I want to join our county (SCMSA) and support its Mission @ \$55

Spouse of a Retired Physician or **Physician's** Widow or Widower

\_\_\_\_\_ I want to join our county (SCMSA) and support its Mission @ \$35

AMOUNT ENCLOSED \$\_\_\_\_\_

MAIL CHECK, PAYABLE TO SCMSA, TO

Liz Krah  
2101 Greenside Dr.  
Springfield, IL 62704

~~If you wish, you may join any of the following organizations by mailing payment for their dues directly to ISMSA at the address provided below.~~

Individually join the State Alliance (ISMSA) @ 35

Join the National organization (AMAA) @ 50

Join IMPAC (IL Medical Political Action Committee) @ 50

ISMSA  
Kris Johnson, Director of Member Services  
20 N. Michigan Ave., Suite 700  
Chicago, IL 60602