

2013-2014 SCMSA Dues Statement

Name _____
 Dr/Mr/Mrs/Ms (First Name) (Last Name)

Spouse _____
 Dr/Mr/Mrs/Ms (First Name) (Last Name)

Address: _____
 _____ IL _____ Email _____
 City Zip

Phone: _____ (H) _____ (Cell) Birth month and date _____

Membership Categories: Please check the category of member that describes you. Then, enter the amount and total. **Make checks payable to SCMSA.**

*Members now have the option to join or not to join the AMAA.

Regular Member, Physician Member, or Divorced Spouse of Physician

_____ I want to join our county (SCMSA) and State (ISMSA) @ \$55 \$ _____
 _____ I want to also join the National organization (AMAA) @ \$50 \$ _____

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

_____ I want to join our County (SCMSA) and State (ISMSA) @ \$35 \$ _____
 _____ I want to also join the National organization (AMAA) @ \$50 \$ _____

I would also like to:

Support by donating to the SCMS Alliance Projects \$ _____
Donate to the Bonnie Wabner Scholarship Fund for Leadership Springfield \$ _____
Join IMPAC (IL Medical Political Action Committee) @ \$50 \$ _____
I would like my SCMSA Directory mailed to me (paid members only) @ \$5 \$ _____

Total Amount Enclosed \$ _____

Mail to : June Agamah, SCMSA treasurer
 3950 Mill Stone Dr. Springfield, IL 62711
 Questions? Contact
 June Agamah : 217-787-6530, Jcagamah@aol.com or
 Harriet Steahly 217-787-0833, hsteahly@att.net

