



Sonoma County Medical Association / California Medical Association
MEMBERSHIP APPLICATION



Name (as shown on CA MD/DO License) CA MD/DO License Number

Please put a check mark by the address (Office or Home) you'd like us to use for SCMA/CMA correspondence and publications.

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 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 SCMA, CMA and AMA (available at cmanet.org).

Signature Date

Indicate your Membership Status:

- \$975 Active (practicing in So. Co. with a physician & surgeon's certificate issued by the MBC or OMBC).
\$487.50 Active, New Member (never been a CMA member or applying during first year in practice).
\$487.50 Active, Half time and 65+Yrs (working 1- 20 hours/week and are 65+ years of age).
\$284 Active, Young Physician Section (under 40 yrs old or in their 1st year of practice)
\$487.50 Government (receive more than 50 percent of their practice income from county, state or federal employment).
\$231 Multiple (physician who is an active member of another CMA component medical society).
\$ 35 Resident.

Notes: 1) All applicants (excluding residents and transfers from another medical society) pay an application fee of \$200. Please submit with application.

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 Sonoma County Medical Association, 3033 Cleveland Ave. #104, Santa Rosa, CA 95403 (Telephone: 707/525-4359)