



Sonoma County Medical Association / California Medical Association

MEMBERSHIP APPLICATION

(★ Required Information)



★ Name (as shown on California MD/DO License) CA MD/DO License #

★ Office Address

★ Office Phone ★ Office Fax ★ E-mail Address

Home Address

Home Phone Spouse's Name

★ Date of Birth Place of Birth

★ Specialty & Year of Board Certification Subspecialty and Year of Board Certification

Medical School Graduation Year

Internship Year To Year

Residency Year To Year

★ Previous CMA member? Yes No

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

★ Signature Date

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

Indicate your Membership Status:

- \$975 Active (practicing in Sonoma County with a physician's & 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+ Years Old (working 1- 20 hours/week and are 65+ years of age).
\$284 Active, Young Physician (40 years old or under, or in first five years of practice)
\$487.50 Government (receive more than 50 percent of practice income from county, state or federal employment).
\$231 Multiple (an active member of another CMA county medical society).
\$35 Resident

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

METHOD OF PAYMENT: CHECK ENCLOSED: \$

CHARGE \$ to my credit card: MasterCard VISA (Circle One)

Account Number: Exp.

Signature:

Fax completed application to 707-525-4328, or Mail to SCMA, 2901 Cleveland Ave. #202, Santa Rosa, CA 95403 (Phone: 707-525-4375)