



Kent County Medical Society Alliance (KCMSA) Membership Application

Membership Year:
July 1, 2010 – June 30, 2011

Name: _____

Address: _____

Spouse's Name: _____

Home Phone: _____

Email: _____

ANNUAL MEMBERSHIP DUES	Physician's Spouse	Medical Student or Resident's Spouse	AMOUNT PAID	Check ALL You Wish to Join
AMAA (American Medical Association Alliance)	\$50.00	\$10.00		<input type="checkbox"/>
MSMSA* (Michigan State Medical Society Alliance)	\$32.00	\$2.50		<input type="checkbox"/>
KCMSA (Kent County Medical Society Alliance)	\$20.00	\$5.00		<input type="checkbox"/>
Total (County, State and National)	\$102.00	\$17.50	\$	

**Please note if you are the spouse of a retired physician you can pay the reduced dues amount of \$25.00 for MSMSA dues only.*

Please make check payable to KCMSA and mail form by July 1st to:

**KCMSA Treasurer
3840 Foxglove Ct. NE
Grand Rapids, MI 49525**

For membership questions contact Eileen Brader, KCMSA Membership Chair, at membership@kcmsalliance.org.

Additional membership application forms can be found at www.KCMSAlliance.org.