



**Clark County Medical Society Alliance  
Membership Application  
(2015–2016)**

**Membership Type/Fees (includes one free directory – available at December 2015 Luncheon):**  
**Full Membership (includes County \$20, State \$15, National \$50 Dues) \$85.00**  
**Option - Associate Membership (Retired physician spouses, Widow/Widower - County dues only) \$30.00**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Check here, if personal information is same from last year; however, please fill out rest of the form.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation/Educational Background: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Specialty: \_\_\_\_\_

Spouse's Practice/Group Name: \_\_\_\_\_ Spouse's Practice/Group Phone Number: \_\_\_\_\_

**Are you interested in placing an Ad in the Membership Directory?**  Yes  No  
**Please ask for Ad price listing. Sponsorship deadline is October 1<sup>st</sup>, 2015.**

I have an interest in the following special interest groups:

- Book Club  Toddler Play Group  Cooking Club  Dining Group  
 Fitness/Nutrition  \_\_\_\_\_ (Other Suggestion)

I would like information on the following committees:

- Legislative  Fashion Show  Community Health/Outreach  Holiday Scholarship Project  Medical Office Practice Managers

Are you interested in leading/starting a Special Interest Group? Yes  No  What type? \_\_\_\_\_

Unless you otherwise direct in writing, the information provided herein, will be placed in the Membership Directory, provided to Members ONLY. I agree that CCMSA may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

If you have any questions regarding Membership, Sponsoring the Membership Directory, or other Alliance concerns, please contact Membership 1<sup>st</sup> Vice President:

- Alexia Crowley – [acrowley@mdlgroup.com](mailto:acrowley@mdlgroup.com) or 702-218-1818

**Method of Payment DEADLINE October 31, 2015 Website (<http://www.ccmsa-lv.org/>) Credit Card or Check**

VISA Master Card

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security # \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address including zip code, if different from above Home Address:  
\_\_\_\_\_

Make checks payable to: Clark County Medical Society Alliance or CCMSA

Check Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Mail to: Clark County Medical Society Alliance  
2590 E. Russell Road, Las Vegas, NV 89120 Telephone 702.739.9989 Fax 702.739.6345  
"Physicians' Spouses Promoting the Health of our Community"