



**Clark County Medical Society Alliance
Membership Application**

First Name: _____ Last Name: _____

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: _____

Please check one: Spouse: MD _____ or DO _____

Type of Spouse Membership: Regular **\$85.00** Medical Student **\$20.00** Associate Member: Resident/Widow/Retired/Military **\$20.00**

I have an interest in the following special interest groups:

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

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

I would like information on the following committees:

- Legislative Fashion Show Community Health/Outreach Holiday Scholarship Project Medical Office Practice Managers
- American Medical Association Alliance (AMAA) Western Regional Conference Planning Committee (Conference in Jan. 2018)
- Opiate Epidemic-Health Initiative _____ (Other Suggestion)

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 _____

Date: _____

If you have any questions regarding Membership, Sponsoring the Membership App Directory, or other Alliance concerns, please contact 1st Vice President Membership: Ginger Allen gingerallen@gmail.com 702-767-1735 or Jillian Shelin jshelin@me.com 702-596-5455

Please visit our Website at <http://ccmsa-lv.org/membership/> to make payment online - OR -

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
"Spouses of Physicians Building a Healthy Southern Nevada"