



MASSACHUSETTS MEDICAL SOCIETY ALLIANCE

Membership Year: June 1 through May 31

Name _____

Address _____

Phone Number _____

E-Mail _____

Please check

Unified Member dues include district, state and national membership.

Physician Spouse Initial Renewal \$75.00

AMA Member Physician Initial Renewal \$75.00

Affiliate Member dues include district and state membership

Non-AMA Member Physician Initial Renewal \$25.00

Friend of the Alliance Initial Renewal \$25.00

Spouse of and Physician-in-Training *category includes medical students, residents and fellows.*

Initial Free first year

Renewal \$25.00

Amount Enclosed: \$ _____ Check payable to MMS Alliance

Visa Mastercard AmEx Discover

Exp. Date _____

Card #: _____

Signature: _____

Mail this form with payment to:
Candace Savage, Staff Executive
Massachusetts Medical Society Alliance
860 Winter Street
Waltham, MA 02451