

**SPARTANBURG COUNTY MEDICAL SOCIETY ALLIANCE**  
**2024-2025 Membership Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

\*Email address: \_\_\_\_\_

\* For SCMSAlliance use only.

**Info about You (Skills, Interest, Current or Past Career, Ages of Children/Grandchildren )**

\_\_\_\_\_

\_\_\_\_\_

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

**Please Make All Checks Payable to: SCMSA and send PO Box 931, Drayton, SC. 29333 or go to**

[www.scmsalliance.org](http://www.scmsalliance.org) under membership and submit to PayPal (\$3 processing fee)

**Annual Dues \$75 (Local \$40/State \$35)**

**Supporting Member \$25 (non-voting)**

**Honorary County Member (please return form to update contact info)**

**I am a member in good standing and 80+ (no dues)**

**I would like to sponsor a resident spouse (\$11)**

**I would like to make a tax-deductible donation to the SCMSA general fund in the amount of \$ \_\_\_\_\_**

**I would like to make a tax-deductible donation payable to the SCMSA (will be used specifically for St. Luke's Free Medical Clinic) \$ \_\_\_\_\_**

**Total Enclosed: \$ \_\_\_\_\_**

**We need your help! Please check below to serve on a committee!!**

**Facebook/Data Collection/Computer Skills**

**Hostess**

**Health Promotions**

**Mail to: SCMSA PO Box 931 Drayton, SC 29333**

**Applications are accepted year round but must be submitted by September 1<sup>st</sup>, 2024 to be included in the annual yearbook.**

*Joining the American Medical Association Alliance is voluntary. If you are interested please go to: <https://amaalliance.org/membership-options/>*

\*\*If your spouse's office sends in your check, please include a membership form to ensure that we have the correct contact information so you will receive a yearbook and all emails.