

SPARTANBURG COUNTY MEDICAL SOCIETY ALLIANCE
2025-2026 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 under membership and submit to PayPal (\$3 processing fee)

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

☐ **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 1st, 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.**