## SPARTANBURG COUNTY MEDICAL SOCIETY ALLIANCE

# 2026-27 Membership Application

***Join us for our first general membership meeting***
***Tuesday, Sept. 8, 2026, 12:00 pm - 2:00 pm***
***Home of Caroline McDermott***
***525 Sherwood Circle, Spartanburg SC. 29302***

**Name** _____

**Address**_____

**City/State/Zip**_____

**Home Phone(___)**_____**Cell Phone(___)**_____

***Email address:**_____

* For SCMSAlliance use only.

**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**

☐ **Annual Dues $90 (Local $50/State $40)**

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

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

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

☐ **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: $**_____

**Friendships are made through fellowship and participating in our projects and events. Please contact Becky or Langhi if you would like to help.**

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

**Please return/fill out by September 1, 2026**

***Joining the American Medical Association Alliance is voluntary. If you are interested please go to: www.amaa.memberclicks.net***

**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.