

# Sonoma County Medical Association Alliance Foundation

Physician families connecting to create a healthier Sonoma County  
by improving the lives of those in need



## Membership Application New or Renewal

Thank you for your interest in the Alliance. The SCMAAF brings medical families together and helps support the community that we live in. We look forward to you joining us and continuing our proud tradition of building a healthy Sonoma County. For more information, please visit our website, **[www.scmaa.org](http://www.scmaa.org)**.

To join the Alliance or renew your membership, please fill out the form below and return it to the address at the bottom of this page. You may also join or renew online at **[www.scmaa.org](http://www.scmaa.org)**. Click the orange "Renew Membership" button at the top of the home page.

I am a:

**New Member**

**Renewing Member**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Profession/Volunteer Affiliations: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Select Membership Level:

**Standard Member \$75.00**  
Physician, or spouse/domestic partner of a physician.

**Sustaining Member: \$50.00**  
Retired physician, spouse/domestic partner of a retired physician, widow, widower/domestic partner of a deceased physician.

Return this form along with your check to:

The SCMAAF, PO Box 1388, Santa Rosa, CA 95402

*The SCMAAF is a 501(c)3 non-profit organization, Tax ID # 02-0542304*