

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

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.scmah.org

Name: _____ Date: _____

Profession/Volunteer Affiliations: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred method for receiving Event/Program reminders? (Choose 1 only) Email Text US Mail Telephone

Preferred method for receiving News (The Grapevine newsletter)? (Choose 1 only) Email Text US Mail

Spouse's Name: _____ Spouse's Specialty: _____

EVENTS & ACTIVITIES

The Alliance would like to plan Events and Activities more targeted to our members. When is the most convenient time for you to attend an Event or Activity? (Circle all that apply)

Mornings Afternoons Evenings Weekdays Weekends

Which type of Event or Activity are you more likely to attend? (Circle all that apply)

Member-only activities Member & Spouse events Member & Family events Other _____

PROGRAMS & FUNDRAISING

The Alliance supports our Foundation programs through fundraising efforts like the Garden Tour, Gala or mail solicitation. These are our current Foundation programs: **Health Promotions' JourneySafe** - Program for young drivers about the impact of distracted driving; **Safe Schools** - Bullying and violence prevention programs for Sonoma County Schools; **Health Careers Scholarship** - Scholarships for students pursuing a career in medicine or allied health professions; and **Foster Children's Give-A-Gift** - Holiday gifts for foster youth and laptop computers for transitional age foster youth pursuing higher education.

How do you view your role in these programs? (Circle all that apply)

Attending Events Donor (financial support) Committee Members Committee Chair

What program(s) you are interested in being involved with? (Circle all that apply)

JourneySafe Safe Schools Health Careers Scholarship Foster Children's Give-A-Gift

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PROGRAMS & FUNDRAISING, cont.

In past years, we offered “Buy-in” parties with themes to create social fundraisers where Alliance members enjoyed a custom wine event, docent-led hike, and even a spa/yoga day. **If this type of fundraiser interests you, what type of event would you attend?**

COMMUNITY SUPPORT

We describe ourselves as “Physician Families connecting to create a healthier Sonoma County by improving the lives of those in need.” Historically, our Foundation programs have evolved from the interests of our members. **Is there a nonprofit organization that you would like the Foundation to explore supporting?**

What haven’t we asked that you feel we need to know - we’re happy to hear your comments!

ALLIANCE MEMBERSHIP CATEGORY (Choose 1 only)

- Regular Member** \$75.00
Physician; spouse/domestic partner of a physician; divorced spouse of a physician who has not remarried (includes County Alliance & State Alliance dues) \$50.00
- Sustaining Member**
Retired physician, spouse/domestic partner of a retired physician, widow, widower/ domestic partner of a deceased physician) (includes County Alliance & State Alliance dues) \$15.00
- Physician-in-Training**
(includes County Alliance & State Alliance dues) *1st year free!*
- Honorary Member/Sonoma County Fire Victim**
For members of 50 or more years standing; or physicians and physician spouses/partners who have lost their homes to fire free

NOTE: National membership is now billed directly by the AMA Alliance. Please see their website (www.amaalliance.org) for more details.

Total: \$ _____

- PAYMENT METHOD:**
- My check is enclosed made payable to: SCMAAF
 - If you would like to make your payment by Credit Card, please visit our website, www.scmaa.org All credit card payments are done through the secure processing of PayPal. You can choose to make payment using your PayPal account, Visa, MasterCard, Discover or American Express

Mail this form and your payment to: **SCMAAF Membership,
PO Box 1388, Santa Rosa, CA 95402**

v. 12/06/17

*The Sonoma County Medical Association Alliance Foundation is a 501(c)(3) nonprofit organization.
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