

**RENEW
NOW**
TO CONTINUE YOUR
MEMBER BENEFITS

INTRODUCING THE NEW, CONVENIENT
MONTHLY PAYMENT PLAN

with automated monthly payments that make your membership affordable and easy to maintain.

TO ENROLL, COMPLETE THIS FORM.
OR TO PAY IN FULL, REFER TO THE ATTACHED INVOICE.

RENEW TODAY FOR ONLY

\$ 88 /MONTH

As a member of the California Medical Association and your local county medical society, you join more than **43,000 physicians statewide** who are actively protecting the practice of medicine and defending public health. **Together, we are stronger.**



A Component of the
CMA
California Medical Association

1 SELECT YOUR MEMBERSHIP PLAN AND PRICING:

CMA and Sonoma County Medical Association Membership (required)*:

\$88.00 per month

CMA and Sonoma County Medical Association Membership, with CALPAC Membership (recommended):

\$100.50 per month

CALPAC is a voluntary political organization, operated by physicians, for physicians, that contributes to candidates for state and federal office who share CMA's philosophy.

Terms and Conditions for Monthly Payment Plan

By checking the box below you authorize CMA to make automatic recurring monthly charges on your credit card in accordance with these terms and conditions. Payment for your membership dues will be automatically charged to your credit card by the 5th business day of each month. If the credit card is declined for any reason, CMA will attempt to contact you to make other arrangements. Refunds will not be issued for processed payments.

This agreement will remain in effect and renews automatically each month until canceled by either party. Cancel anytime with no penalty. If you wish to cancel this agreement, have questions or wish to update your credit card information, call CMA at (800) 786-4262.

2 I agree to these terms and conditions. **Signature:** _____ **Date:** _____

3 Name: _____ CA Medical License #: _____

4 Billing: VISA Mastercard AMEX DISC Account #: _____

Name (as it appears on card): _____ Exp. date: _____

Billing address: _____

*No more than \$5.50 of CMA's monthly dues is directed to CALPAC, CMA's political action committee, to support candidates for public office who share CMA's philosophy. Members who object to this may check the box below to have these funds redirected to CMA's Independent Expenditure Committee, a fund for independent expenditures that does not directly contribute to candidates running for public office. Please deposit my portion of dues into CMA's Independent Expenditure Committee.

COMPLETE THE APPLICATION AND FAX OR MAIL TO:

SECURE FAX: (916) 596-1128 • **MAIL:** California Medical Association, 1201 J Street, Suite 275, Sacramento, CA 95814

OR SIGN UP AT **WWW.CMANET.ORG/MONTHLY**

Questions? Or to sign up by phone, call: (800) 786-4262.

This payment plan is available for individual, full dues membership.