

JOIN NOW AND RECEIVE 16 FOR 12

16 MONTHS OF MEMBERSHIP FOR THE PRICE OF 12*

*Starting September 1, new members who join and pay in-full for the next year will receive the remaining months of this year for free.

JOIN TODAY TO START RECEIVING YOUR BENEFITS!

When you join the California Medical Association and Sonoma County Medical Association, you join nearly **50,000 members statewide** who are actively protecting the practice of medicine and defending public health.

COMPLETE THE APPLICATION ON THE BACK AND MAIL OR FAX TO:

**MAIL: California Medical Association, Attn: Medical Society Services,
PO Box 515448, Los Angeles, CA 90051-6748
SECURE FAX: (916) 596-1128**

OR SIGN UP AT:

WEB: cmadocs.org/join • PHONE: (800) 786-4262



**SONOMA COUNTY
MEDICAL ASSOCIATION**

16 MONTHS OF MEMBERSHIP FOR THE PRICE OF 12*

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Name: _____ County: _____

Referred by: _____ Application Date: _____

Date of Birth: _____ California Medical License No.: _____

Specialty: _____ Gender: ☐ Male ☐ Female

Medical School: _____ MS Graduation Date: _____

Residency Program: _____ RP Graduation Date: _____

Name of practice, medical group or IPA affiliation(s): _____

Mode of Practice: ☐ Solo/Small (1-10 physicians) ☐ Medium (11-999 physicians) ☐ Large (1,000-7,999 physicians)
☐ Hospital Based ☐ Academic ☐ Administrative ☐ Government Employee

Contact Information:

Address: _____ ☐ Office ☐ Home

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Billing:

☐ **PAY ONLINE:** By going to www.cmadocs.org/join

☐ **PAY BY CHECK:** Make check payable to "California Medical Association" and mail completed form to California Medical Association, Attn: Medical Society Services, PO Box 515448, Los Angeles, CA 90051-6748

☐ **PAY BY CREDIT CARD:** Send this completed form to our secure fax at (916) 596-1128, or mail to California Medical Association, Attn: Medical Society Services, PO Box 515448, Los Angeles, CA 90051-6748

☐ VISA ☐ Mastercard ☐ AMEX ☐ DISC

Credit Card Number: _____ **Amount: \$1,039**

Name as it appears on card: _____ Exp. Date: _____

Billing Address: _____

☐ Same as Home ☐ Same as Office

*CALPAC and CMA IEC

No more than \$66 of CMA's 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 and it will be re-directed 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.*

Political law and CALPAC policy determines how your contribution to CALPAC is allocated. CMA and this component society will not favor or disadvantage anyone based on the amounts of, or failure to make, PAC contributions, nor will it affect your membership status with this society or CMA.

California Medical Association Independent Expenditure Committee (CMA IEC) is a fund established for communication expressly advocating the election or defeat of a clearly identified candidate that is not made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate's authorized committee, or their agents, or a political party or its agents. The CMA IEC does not make direct financial contributions to candidates for public office.

Contributions to these groups are voluntary and not limited to the suggested amounts. Contributions are not deductible for state or federal income tax purposes. CALPAC and CMA IEC are sponsored by the California Medical Association.

*Deductibility

Association dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. A portion of your dues are not deductible because of lobbying activities CMA undertakes on behalf of its members. As a result, 15% of CMA dues cannot be deducted as a business expense for federal income tax purposes.