



Hillsborough County Medical Association
606 S. Boulevard, Tampa, FL 33606
813.253.0471, 813.253.3737 fax

www.HCMA.net

Return this form to ELubin@hcma.net

HCMA Automatic Dues Renewal

TODAY'S DATE: _____

PHYSICIAN'S NAME: _____ **MD/DO** (circle one)

___ VISA ___ MasterCard ___ American Express ___ Discover

Card # _____ Exp. Date _____

Billing address: _____ Zip: _____

Daytime phone: (_____) _____ - _____



HCMA Dues (see below): \$ _____

___ *HILLPAC: \$100

___ *Foundation: \$125

___ *HCMA Alliance (physician & significant other): \$75

Payment total: \$ _____

Dues marked with an asterisks () are voluntary.*

By signing below, you authorize the HCMA to automatically charge the above credit card to renew your membership each year.

X _____

Printed name: _____

Email: _____

Annual dues categories:

Active: \$385

Retired: \$100

Affiliate: \$250 (physicians practicing outside Hillsborough County)