



Hillsborough County Medical Association  
606 S. Boulevard, Tampa, FL 33606  
813.253.0471, 813.253.3737 fax  
[www.HCMA.net](http://www.HCMA.net)  
Return this form to [ELubin@hcma.net](mailto: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)*