



LACMA Alliance

Join Us! Become a Valued Member!

What We Do

In the Alliance, members work together to promote quality health care in Los Angeles County through education, community service program and legislative advocacy (all while having fun & making friends).

Who We Are

The Los Angeles County Medical Association Alliance is the volunteer arm of the Los Angeles County Medical Association consisting of physicians, spouses, medical students, residents and friends of medicine.

It's easy to sign up. Just fill out the following and mail it to:

*Los Angeles County Medical Association Alliance
Membership
707 Wilshire Blvd., Ste 3800
Los Angeles, CA 90017*

Check may be made payable to LACMAA. If you prefer to charge your dues, please indicate your credit card information below. We welcome your membership and look forward to getting to know you.

Name _____
Profession _____
Address _____
Phone _____ FAX _____
Email _____
Spouse's Name _____
Spouse's Profession/Specialty _____

Why We Want You as a Member

- A** Advocacy for quality health care
- L** Legislative awareness and action
- L** Lifelong friendships
- I** Image building for medicine
- A** Active local, state & national projects
- N** New health education
- C** Close support for the medical family
- E** Excellent leadership training

Regular Member: Physician, or spouse of a physician \$95.00
 Charter Member \$84.00 (35 year members)
 Medical student/resident, or spouse of a medical student/resident (1st year free) \$18.50
 Friend of the Alliance: Neither a physician nor spouse of a physician. Must be sponsored by an Alliance Member. \$55.00

Sponsor's Name _____

My check is enclosed made payable to LACMAA. Additional Contribution Amount \$ _____

I prefer to charge my membership to my credit card. Total Enclosed \$ _____

Signature _____ Card# _____ Expires _____

Visa Mastercard American Express

I am interested in the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Health Program | <input type="checkbox"/> Community Programs | <input type="checkbox"/> Legislation Advocacy |
| <input type="checkbox"/> Family Activities | <input type="checkbox"/> Couples Activities | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> A Board Position | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Leadership Training |
| <input type="checkbox"/> Telephone Tree | <input type="checkbox"/> Organizing an Interest Group | <input type="checkbox"/> Membership Activities |
| <input type="checkbox"/> Other _____ | | |

My time is limited. I will support Alliance programs with my dues.

For further information
Elizabeth Kurihara 310-454-2299, Stacy Sproull 626-794-7673
or view us online: lacmanet.org