



LACMA

Membership Application



Need Help? Call Us at (213) 226-0313.

SECTION ONE DEMOGRAPHIC INFORMATION

Name (As Shown on CA/MD/DO License) CA MD/DO License Number Date of Birth (mm/dd/yyyy)

I am a previous California Medical Association (CMA) active member.

I am joining LACMA-CMA for (please check all that apply): Networking with other doctors, Support LACMA's and CMA's political/legislative agenda, Reimbursement and legal assistance, Professional obligation, Discounts on valuable services, Jury duty assistance, Reimbursement and legal assistance, Other (please explain):

I was referred to LACMA by (please check all that apply): A colleague / Colleague's name: Magazine or other advertisement, LACMA staff member, Other (please explain): Membership solicitation by letter, fax or email

My malpractice insurer is: Languages I speak:

My gender is: Female Male My ethnicity is:

SECTION TWO CONTACT INFORMATION

Office Contact Information: Medical Group Name, Office Phone (Including Area Code), Street Address 1, Office Fax (Including Area Code), Street Address 2, Office Email Address, City, State, Zip, Office Manager's Name

Home Contact Information: Street Address 1, Home Phone (Including Area Code), Street Address 2, Home Fax (Including Area Code), City, State, Zip, Home Email

My spouse's name is: My practice's web address is:

My preferred LACMA contact location is: Home Office

SECTION THREE**PRACTICE INFORMATION**

Mode of Practice (Please Check One)

- | | | |
|---|--|--|
| <input type="checkbox"/> Solo/Small Group (1-4) | <input type="checkbox"/> Very Large Group (1,000+) | <input type="checkbox"/> Government-employed |
| <input type="checkbox"/> Medium Group (5-149) | <input type="checkbox"/> Academic | <input type="checkbox"/> Administrative Medicine |
| <input type="checkbox"/> Large Group (150-999) | <input type="checkbox"/> Hospital-based | |

SECTION FOUR**EDUCATION & TRAINING**

Specialty	Certifying Board	Year of Certification
<input type="text"/>	<input type="text"/>	<input type="text"/>
Subspecialty	Certifying Board	Year of Certification
<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical School		Year of Graduation
<input type="text"/>		<input type="text"/>
Internship Location		Years
<input type="text"/>		<input type="text"/> to <input type="text"/>
Residency Location		Years
<input type="text"/>		<input type="text"/> to <input type="text"/>
Postgraduate / Fellowship		Years
<input type="text"/>		<input type="text"/> to <input type="text"/>

SECTION FIVE**ATTESTATION** **IMPORTANT: PLEASE CHECK BEFORE PROCEEDING**

The foregoing is true and complete, and I endorse the Principles of Medical Ethics of LACMA-CMA (available at cmanet.org). By providing the fax number and e-mail address on this application, I agree to receive important fax and e-mail communication from the association.

SECTION SIX**MEMBERSHIP TYPE & PAYMENT INFORMATION**

Membership Type (Please Check One)

- | | |
|---|---|
| <input type="checkbox"/> First-time member: \$555 (Full dues reached by year 3) | <input type="checkbox"/> Former member: \$1,150 (Full dues) |
| <input type="checkbox"/> Young physicians: \$319 (Full dues reached by year 5) | <input type="checkbox"/> Resident physicians: \$60
Sign me up for a for a LACMA-CMA membership for the duration of my internship/residency/post-grad programs in L.A. County |

Payment Type (Please Check One)

- | | |
|--|---|
| <input type="checkbox"/> My check is enclosed for my LACMA-CMA membership. | <input type="checkbox"/> Please charge my dues as listed above to my credit card. |
|--|---|

Card Type (Please Check One)

- | | | | | |
|-------------------------------------|-------------------------------|---|----------------------|----------------------|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> American Express | Account Number | Expiration (mm/yyyy) |
| | | | <input type="text"/> | <input type="text"/> |

START ENJOYING THE BENEFITS OF YOUR LACMA-CMA MEMBERSHIP TODAY!

Fax application to: (213) 226-0353.

Mail to: LACMA • 707 Wilshire Blvd., Suite 3800 • Los Angeles, CA • 90017