

**BERKS COUNTY MEDICAL SOCIETY ALLIANCE
875 BERKSHIRE BLVD STE 102B
WYOMISSING, PA 19610**

www.berkscmsa.org

<http://www.facebook.com/berkscountymedicalsocietyalliance>

DUES STATEMENT 2016-2017

Name: _____

Address: _____

Is this a new address? YES NO

Phone: _____

Email: _____

**Due to the significantly rising costs of using the USPS, we would like to continue emailing invitations and updates. Please initial here if you would prefer paper mailings. ____

Facebook Name? _____

Spouse's Name: _____

Spouse's Specialty: _____

Total Amount Paid (See Fee Schedule Below): _____

Fee Schedule:

- A. Local Dues:
Active: **\$30.00**
Limited Active – (Spouse of Retired or Deceased Physician): **\$15.00**
- *B. PMSA/State Dues: **\$55.00**
- *C. AMAA/National Dues: **\$50.00**

*In order to streamline our membership records and book-keeping, please remit all funds through the BCMSA. Full membership (\$135 active/\$120 limited) is optional but preferred, and we will forward your state and national dues to the appropriate agency. You may then disregard the state mailing which typically arrives in October.

Please make checks payable to: **BCMSA**

Mail this Dues Statement, along with payment to:

**Kathy Rogers
23 Ridge Crest Drive
Fleetwood, PA 19522**

**YOUR MEMBERSHIP SUPPORTS OUR EDUCATIONAL AND CHARITABLE ENDEAVORS.
THANK YOU!**

