

MEMBERSHIP APPLICATION
ALLEGHENY COUNTY MEDICAL SOCIETY ALLIANCE

First Name _____ M.I. _____

Last Name _____

Address: _____

City _____ State _____ Zip _____

Phone: (Area Code) _____

Fax: (Area Code) _____

Email: _____

Please Indicate:

§ New Member § Reinstated § Resident Spouse § Child

Make Checks Payable to: Allegheny County Medical Society Alliance
Mail to: 713 Ridge Avenue
Pittsburgh, PA 15212

MEMBERSHIP DUES

	Members	Resident
County	\$ 35	\$ 20
State	\$ 55	\$ 55
National	\$ 40	\$ 40
Total	\$130	\$115