

**SCMS ALLIANCE  
MEMBERSHIP FORM  
2021-2022**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail (for local announcements & reminders ) \_\_\_\_\_

Name of your spouse \_\_\_\_\_ Specialty \_\_\_\_\_

**2021-2020 MEMBERSHIP DUES**

SCMSA & TMAA (TMAA Membership is Required for SCMSA Membership)	\$90.00
SCMSA & TMAA (Retired Physician Spouse Dues)	\$55.00
SCMSA & TMAA (Widow Spouses) TMAA Required for Membership	\$50.00
APT (Alliance of Physicians in Training - optional)	\$5.00
TEXPAX (Donation –optional)	\$55.00
<b>Total Paid</b>	<b>\$ _____</b>

**TMAA collects dues for SCMSA.**

**Please make check payable to TMAA and send to:**

Texas Medical Association Alliance  
401 West 15<sup>th</sup> Street  
Austin, TX 78701  
c/o Sasha Khalifeh

**OR** To pay by credit card: Call 1-800-880-1300 ext 1331  
or online [www.alliance.texmed.org](http://www.alliance.texmed.org)

**2021-2020  
SCMSA Membership Chairman**

**Jean Harris  
(903)-363-7545  
Jean1fnp@aol.com**

[www.scmsalliance.com](http://www.scmsalliance.com)