



2020 Dues Form ~ Oklahoma County Medical Society Alliance

Name: _____ Birthday: _____

Address: _____

Cell Phone #: _____ Home #: _____

Email: _____

Spouse's Name: _____ Specialty: _____

Preferences

1. Is email the best way to reach you?

☐ Yes

☐ No, I prefer _____

2. I am interested in (check all that apply):

☐ Kitchen Tour

☐ Community Service Team

☐ Book Club

☐ OCMSA Leadership

Dues and Donations

Item	Description	Cost	Your Payment
Honorary Lifetime Membership	If you are 80 years or older, you may receive full membership benefits without financial obligation	\$0	
Sustaining Membership	If your spouse is an OCMS Lifetime Member (fully retired and an OCMS Member for at least 25 years), you may receive full membership benefits at a reduced financial obligation; includes county and state dues	\$50	
Regular Membership	Receive full membership benefits; includes county and state dues	\$100	
Additional Donation	Make a donation to The Alliance, beyond your "membership category"	Optional	
Kitchen Tour Tickets	Pre-Pay your Kitchen Tour obligation, and receive 6 tickets for price of 5	\$75	

Total Payment \$ _____

Combine dues, donations and Kitchen Tour tickets into one payment.

Paid By

☐ Check - Make check payable to OCMSA

Check # _____

Mail check and form to: OCMS Alliance, 313 N.E. 50th Street, #2, Oklahoma City, OK 73105

☐ Credit Card (convenience fee applies)

Type of credit card: _____ Credit Card #: _____

Expiration date: _____ Security code: _____

☐ Online - <https://www.ocmsalliance.org/join-us> (convenience fee applies)

Your support is greatly appreciated! Your dues help fund our various programs and activities throughout the year. Please note: Pictures may be taken and used for promotional purposes.