



The Oklahoma County Medical Society Alliance
2026-2027 Dues

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home #: _____ Email: _____

Physician's Name: _____ Specialty: _____ Location: _____

How would you like to receive invitations? (circle one)

Email Text

I prefer activities to be... (circle one)

Daytime Evening Both

I am interested in (select all that apply):

- Volunteering for the Kitchen Tour
Participating in Community Service
Joining the Book Club
Playing Pickleball
A leadership position with OCMS Alliance
Learning to play Mah Jongg

Dues and Donations

Table with 4 columns: Membership Level (choose one), Description, Cost, Your Payment. Rows include Regular Membership (\$125), Honorary Lifetime Membership (\$0), Fellow/Resident/Medical Student Membership (\$35), Add On Options (Kitchen Tour Tickets \$100, Additional Donation Optional, OSMA Alliance Membership \$25).

*OCMS Alliance is a 501(c)6 organization.

Your Total Payment \$ _____

Payment Options

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: _____ Zip Code: _____

Online - https://www.ocmsalliance.org/join-us or scan QR code (convenience fee applies)



NOTE: Your dues and generous donations fund our various programs and activities throughout the year. Pictures may be taken and used at OCMS Alliance events and used for promotional purposes. We appreciate you!