

The Oklahoma County Medical Society Alliance 2022-2023 Dues

Name:	Birthday:				
Address:					
Cell Phone #:	Home #: Special	Email:			
Spouse's Name:	Special Special	lty:Loca	tion:		
Has your informatio	on changed since last year?	I am interested in (selec	et all that	apply):	
YES NO Is email the best way to reach you?		☐ Volunteering for	☐ Volunteering for the Kitchen Tour		
		☐ Joining the Community Service Team☐ Joining the Book Club☐			
					YES NO, I prefer
	ip below. Dues, donations and Kits include county and state dues.	chen Tour tickets may be con	nbined into	o one payment.	
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		
Resident Membership	If your spouse is enrolled in a residency or fellowship program; Receive full membership benefits; includes county and state dues (A sponsor is available upon request)		\$35		
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		\$50		
Regular Membership	Receive full membership benefits		\$100		
Additional Donation	Make a donation to The Alliance, beyond your "membership category," to support our programs and activities all year		Optional		
Kitchen Tour Tickets	Pre-Pay your Kitchen Tour obligation,	and receive 6 tickets for price of 5	\$100		
Payment Options		Your Total	Payment	\$	
Check - Make check	payable to OCMSA Check #nd form to: OCMS Alliance, 313 National feet applies)	N.E. 50th Street, #2, Oklahom	a City, OF	X 73105	
Type of credit	card: Cr	edit Card #:			
Expiration dat	te: Secur ocmsalliance.org/join-us (conver	rity code:			
Online -					

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