



**2021-22 Dues Form for the Oklahoma County Medical Society Alliance**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

**Contact 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 <b>receive 6 tickets for price of 5</b>	\$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 at Alliance events and used for promotional purposes.*