



**PA Medical Society Alliance  
Membership Application**

Name of Applicant: \_\_\_\_\_  
(please print)

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

City, ST & ZIP Code: \_\_\_\_\_

Phone Number: \_(\_\_\_\_)\_\_\_\_\_ Email Address: \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

Are you a current County Alliance Member? \_\_\_\_\_

2015 – PMSA (state Alliance dues = \$55.00)      AMAA (national Alliance dues = \$50.00)  
+ County dues

Credit Card (circle)    VISA    MASTERCARD    DISCOVER    Amt to be billed \$\_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing/Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Validation Code (on back/signature panel) \_\_\_\_\_

Forward completed applications to:  
Jill Bennish, Membership Secretary  
PA Medical Society Alliance  
777 East Park Drive, PO Box 8820  
Harrisburg, PA 17105