

MSSCA (Medical Alliance of Sedgwick County)
MEMBERSHIP FORM

Help us strengthen the family of medicine and promote good health within our community. Please join or renew today to ensure your listing in our Yearbook Directory and receipt of the newsletters and emails.

Name: _____

Spouse's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred phone: _____ email: _____

primary form of communication

Member Category: Yearly dues, June 1-May 31, choose one:

_____ Local Dues Only \$15

_____ Local & State Dues \$40

_____ Local, State & National Dues \$90

For more information see the websites mssca.com, kmsalliance.org, and amaalliance.org

Payment Options: by mail or by phone

_____ **Check** payable to: MSSCA (funds will be distributed to local, state and national)

_____ **Credit Card** -- Visa

_____ **Credit Card** -- MasterCard

Name as it appears on your credit card: _____

Credit card number: _____

Exp. Date: _____

Signature: _____

_____ **Telephone** with cc, Denise Phillips, MSSC staff, 316-683-7557

To remit by mail, please send your dues with this form to:

Patresa Ebersole, Treasurer, 322 N Hampton Rd, Wichita, Kansas 67206

If you would like more information about Alliance areas of interest, please indicate below:

_____ No Bullies/No Victims, elementary/middle school program on bullying

_____ Environmental Concerns, stream clean of Gypsum Creek, Towne East

_____ Meals on Wheels, driving for Senior Services on a scheduled or substitute basis

_____ Legislative issues, Sedgwick Co and/or Kansas

_____ Childhood Obesity

_____ Domestic Violence

_____ Project Access, for the uninsured in Sedgwick County

_____ Team Alliance, Komen walk/run or other health-related events

_____ Young Families Group, those with infants to preschoolers