



MEMBERSHIP FORM

MAIL THIS FORM AND CASH OR CHECK PAYABLE TO "GCMSA" TO:
GCMSA Attn: Membership | P.O. Box 26658 | Greenville, SC | 29616

MEMBER INFORMATION

Full Name*: _____ Preferred Name: _____

Street Address*: _____

City* : _____ State*: _____ Zip*: _____

Home Phone*: () _____ Cell Phone*: () _____

Check which # you want listed in the directory*: Home number Cell number

Email Address*: (REQUIRED as some information will ONLY be sent via email) _____

The above information will be published in the GCMSA directory for Alliance use only. *GCMSA only sends text messages in the event of last-minute program or meeting changes. Please check if you **DO NOT** wish to receive text messages from the Alliance: _____

Employment: Unemployed Employed (Not Physician) Physician Physician-in-Training (PIT) Retired Physician

If Physician or PIT, include Specialty*/Group (or Program)*: _____ / _____

and Hospital Affiliation: Prisma Health Bon Secours Spartanburg Regional/Pelham Medical Other

If not Physician, include Employer/Job Title OR Professional Background: _____

If you were referred to the GCMSA by a current member, please provide their name: _____

SPOUSE INFORMATION (if applicable)

Marital Status: Single Married Divorced Widow(er)

Spouse's Full Name*: _____ Spouse's Preferred Name: _____

Employment: Unemployed Employed (Not Physician) Physician Physician-in-Training (PIT) Retired Physician

If Physician or PIT, include Specialty*/Group (or Program)*: _____ / _____

and Hospital Affiliation: Prisma Health Bon Secours Spartanburg Regional/Pelham Medical Other

If not Physician, include Employer/Job Title OR Professional Background: _____

MEMBERSHIP LEVELS & DUES

Please indicate the membership level desired and mail this application by **June 30**, to be included in our annual Membership Directory:

- \$75 Regular GCMSA County & Regular SCMAA State Membership
- \$40 Regular GCMSA County Membership Only
- \$40 Regular GCMSA County & Honorary SCMAA State Membership
- \$6 PIT or PIT Spouse GCMSA County & SCMAA State Membership
- \$5 PIT or PIT Spouse GCMSA County Membership Only
- \$55 New GCMSA County & Regular SCMAA State Membership (discounted for NEW members only)
- \$20 New GCMSA County Membership Only (discounted for NEW members only)
- \$35 Honorary GCMSA County & Regular SCMAA State Membership
- \$0 Honorary GCMSA County & Honorary SCMAA State Membership
- \$0 Honorary GCMSA County Membership Only

I do not wish to join the GCMSA, but have enclosed a tax-deductible Health Charities Fund donation of \$_____.

**If your dues are being paid by your spouse's office, please have them include a membership form for each member along with the check. Please note that it is the member's responsibility to ensure dues are submitted to the GCMSA in a timely fashion.

VOLUNTEER OPPORTUNITIES

If you have any skills (leadership, administrative, fundraising, accounting, etc.) you're willing to use in our efforts, please check the areas(s) that you are willing to volunteer:

- Board Member (President, VP/Membership, Treasurer, Secretary, Corresponding Sec.)
- Communications (Database, House Call Newsletter Editor, Webmaster, Social Media, Yearbook/Member Directory)
- Standing Committees (Legislation, Finance, Membership, Ways and Means)
- Special Committees (Special Events, Fundraisers, Short-Term Projects)
- Greenville Free Medical Clinic Liaison USC School of Medicine Liaison