

Hillsborough County Medical Association
PHYSICIAN FAMILY ALLIANCE
3001 W. Azeele St., Tampa, FL 33609
813.253.0471



The HCMA Physician Family Alliance is a group of physicians, spouses, family members, resident physicians, medical students, their parents, and adult family members whose aim is to promote good health and health education, to engage in charitable community endeavors, and to foster friendly relations among physicians' families and the communities in which they live. We also have a Friends of Medicine membership category for individuals who support the mission of the HCMA Alliance but are not a part of the Family of Medicine as presented above. We gather throughout the year in support of member initiatives consistent with our mission and to socialize in a supportive atmosphere.

HCMA Alliance Membership & Annual Dues – CHECK ONE:

- _____ Physician & Spouse (ADUO) = \$75
- _____ Physician **or** Spouse (AINDV) = \$45 Name: _____
- _____ Retired (ARET) = \$25
- _____ Widowed (AWID) = \$25
- _____ Family Member/Physician Parent (AFAM) = \$45
Family Member/Parent Name: _____
- _____ Medical Student/Intern/Resident/Fellow (AMS/IT) = \$0
- _____ Friend of Medicine* (AFRIEND) = \$45 (*Requires separate nomination form.)

MAKE CHECKS PAYABLE TO: **HCMA Alliance, 3001 W. Azeele St., Tampa, FL 33609**
or email to: ELubin@hcma.net

Amount Enclosed _____

Physician Name _____ Spouse _____

Home address: _____

Home Ph _____ Cell _____

Email _____

Would you be interested in: ___ **serving on a committee** ___ **hosting a social**

Credit Card Payment: (circle one) VISA MasterCard AMEX Discover

Card #: _____ Expiration: _____

Name on card: _____

Billing address of card (if different from above): _____

_____ Zip code: _____

Authorized Signature: _____

HCMAPF ALLIANCE DUES

*Alliance Membership =
January through December.*

Dues are past due after January 31st.

PLEASE NOTE: The HCMA and The HCMA Physician Family Alliance are separate memberships.