

Application for Membership in the San Mateo County Medical Association and California Medical Association

Membership in the California Medical Association is a requirement for membership in the San Mateo County Medical Association. The American Medical Association is optional, but recommended.

Please complete this form and return to: **SMCMA 777 Mariners Island Blvd# 100, San Mateo, CA 94404**

Name: _____ Male Female

Office Address:

Street: _____

City: _____ State _____ Zip Code: _____

Office phone: _____ Fax: _____

Home address:

Street: _____

City: _____ State _____ Zip Code: _____

Date of birth: _____ Spouse _____ Phone: _____

Specialty/Practice *attach copy of certificate:

Specialty #1: _____ Board certified* yes no

Specialty #2: _____ Board certified* yes no

Training:

Medical school: _____ Year of grad: _____

Internship: _____ Specialty: _____ From: _____ To: _____

Residency: _____ Specialty: _____ From: _____ To: _____

Residency: _____ Specialty: _____ From: _____ To: _____

CA Medical License Number: _____

Language(s) spoken other than English: _____

Payment types accepted: VISA, MC, Discover or Check payable to the "San Mateo County Medical Association". Please mail checks to the address listed above. **Note:** Application will not be processed until dues payment is received.

Credit Card#: _____ Exp. (mm/yy): _____ 3-digit Security Code: _____

Signature: _____ Date: _____