

## Member Information

First Name \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Degree(s) \_\_\_\_\_ Bio Gender: \_\_\_M \_\_\_F DOB \_\_\_\_\_ NPI Number: \_\_\_\_\_

Email: \_\_\_\_\_

Password you would like to use on SMA.org: \_\_\_\_\_

Licensed State: \_\_\_\_\_ License # \_\_\_\_\_ Board: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Name/Institution: \_\_\_\_\_

Separate Billing Address? \_\_\_Yes \_\_\_No

Billing Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing City: \_\_\_\_\_

Billing State: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

## Membership

\_\_\_\_ Physician \$320.00/Year

\_\_\_\_ Healthcare Management \$150/Year

\_\_\_\_ Resident/Fellow \$100/Year

\_\_\_\_ Alliance \$40/Year

\_\_\_\_ Allied Health Professional 150/Year

\_\_\_\_ **Donation to Research & Education Endowment**

## Payment

**Annual Billing (send your invoice via):** \_\_\_Regular Mail \_\_\_Email**Card** Auto-renew (charge your card automatically each year?) \_\_\_Yes \_\_\_No

Name as it appears on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Check** (Made payable to SMA)

### IMPORTANT

Physician members have access to up to \$150,000 of Term Life insurance guaranteed issue if you enroll within 60 days of joining, and Group LTD Policy for up to \$2,000 without evidence of insurability if purchased within 60 days of joining.

\_\_\_\_ **Check here if you would like to apply.**