

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



*The HCMA 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.*

**2022 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: \_\_\_\_\_

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

**2022 ALLIANCE DUES**  
  
*Alliance Membership =  
January through December.*  
  
*Dues are past due after January 31<sup>st</sup>.*