

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 gather throughout the year in support of member initiatives consistent with our mission and to socialize in a supportive atmosphere.*

**HCMA Physician Family Alliance Membership & Annual Dues (includes spouse, partner, children, parents, etc.) CHECK ONE:**

\_\_\_\_\_ Active Physician Family = \$75    \_\_\_\_\_ Physician In Training = \$25    \_\_\_\_\_ Medical Student = \$0

MAKE CHECKS PAYABLE TO: **HCMA Alliance, 3001 W. Azeele St., Tampa, FL 33609, or you can email a credit card payment to: [AOrthman@hcma.net](mailto:AOrthman@hcma.net)**

Amount Enclosed \_\_\_\_\_ Physician Name \_\_\_\_\_

Family member/s \_\_\_\_\_

Home address: \_\_\_\_\_

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: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address of card (if different from above): \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**ALLIANCE DUES**

*Alliance Membership =  
January through December.*

*Dues are past due after January 31<sup>st</sup>.*

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