



PCMA MEMBERSHIP



APPLICATION TYPE

- Individual Individual Renewing
- Multiple members from **same organization or practice** (please use the reverse to provide information for each member, duplicating form as needed. Discount available if registering nine or more doctors from same practice)

MEMBER INFORMATION

License Number _____

MD DO

First Name _____ MI _____ Last Name _____

Specialty 1 _____ Specialty 2 _____

Medical School _____

Internship _____

Residency _____

Phone _____ Email (Required, PCMA use only) _____

PRACTICE INFORMATION (FOR ONLINE DIRECTORY)

Practice Name _____

Practice Address _____

Practice Address 2 _____

City _____ State _____ Zip _____

Main Practice Phone _____

Practice Email _____ Website _____

(Information below for office use only. Does not appear in directory)

Name of Office Administrator _____

Email (if different from above) _____

Phone (if different from above) _____

PAYMENT INFORMATION

Qty. _____ Active Memberships @ \$350 \$ _____

Qty. _____ Group Memberships (9 minimum) @ \$250 \$ _____

Qty. _____ First Year Practicing @\$250 \$ _____

Qty. _____ Military/Gov @\$250 \$ _____

Qty. _____ Retired @\$150 \$ _____

Qty. _____ Resident (Free) \$ _____

Add website link to directory \$95 \$ _____

CHECK PAYABLE TO:
Pinellas County Medical Association

MAIL TO:
Pinellas County Medical Association
9355 113th St. N. #7483
Seminole, FL, 33775

TOTAL ENCLOSED \$ _____

ADDITIONAL APPLICATIONS FROM SAME PRACTICE OR ORGANIZATION

IMPORTANT: The PCMA database requires each user to have a UNIQUE email address. These emails are for PCMA use only and will not appear in the online directory. Do not enter the same practice email for each user.

License Number _____
 MD DO I am a renewing PCMA member
First Name _____ MI _____ Last Name _____
Specialty 1 _____ Specialty 2 _____
Medical School _____
Internship _____
Residency _____
Phone _____ Email _____

License Number _____
 MD DO I am a renewing PCMA member
First Name _____ MI _____ Last Name _____
Specialty 1 _____ Specialty 2 _____
Medical School _____
Internship _____
Residency _____
Phone _____ Email _____

License Number _____
 MD DO I am a renewing PCMA member
First Name _____ MI _____ Last Name _____
Specialty 1 _____ Specialty 2 _____
Medical School _____
Internship _____
Residency _____
Phone _____ Email _____

License Number _____
 MD DO I am a renewing PCMA member
First Name _____ MI _____ Last Name _____
Specialty 1 _____ Specialty 2 _____
Medical School _____
Internship _____
Residency _____
Phone _____ Email _____

* For your records, please note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result, 8% of your PCMA 2016 dues cannot be deducted as a business expense for federal income tax purposes. While association dues are not tax deductible as charitable contributions for federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.