

# LANCASTER COUNTY MEDICAL ALLIANCE

**Contact Information:** (For Directory)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Spouse Name/Specialty:

\_\_\_\_\_

**Dues/Donations:**

LCMA (\$40.00): \_\_\_\_\_

Widow/Widower (\$0.00): \_\_\_\_\_

Donation for Grant Fund: \_\_\_\_\_

Donation for Matt Talbot: \_\_\_\_\_

**Total Dues/Donations:** \_\_\_\_\_

Check #: \_\_\_\_\_

**Please pay by September 30<sup>th</sup> of each calendar year**