



Mecklenburg County Medical Society

Membership Renewal

PERSONAL INFORMATION

_____ MD ____ DO ____ PA ____
First Name Middle Last Name Suffix

_____ City Zip
Home Address

_____ Preferred Email
Primary Phone

PRACTICE/GROUP INFORMATION

_____ Practice Name

_____ City Zip
Practice Address

_____ Fax
Practice Phone

Active Membership MD/DO: \$300 Early Retired or Part-Time: \$150
Active Membership PA — Dual MAPA/MCMS Membership: \$100 — MCMS Membership Only: \$105

I would like to make a donation to support the Medical Society. **TOTAL: \$** _____

Payment Options: Pay online at MeckMed.org or by check or credit card.

Pay by Check:
Make check payable to MCMS. Include a copy of this renewal form with your payment and mail to MCMS, 1112 Harding Place, Suite 100, Charlotte, NC 28204.

Pay by Credit Card (VISA or MasterCard):
Complete this form and fax to secure fax at 704-376-3173. You will receive a receipt by email.

Account No. _____ Expiration Date _____

Signature of Cardholder _____

Printed Name of Cardholder _____

Optional Contribution to MCMS PAC (Meck PAC) - not tax deductible \$ _____

Make **PERSONAL** check payable to Meck PAC and mail to MCMS at the above address.

N.C. law requires political committees to report the name, mailing address, job title or profession and name of employer or employer's specific field for each individual whose contributions' aggregate is in excess of \$100 in an election cycle.

MCMS dues are deductible as an ordinary and necessary business expense, not as a charitable contribution.