



HOSPITAL NAME: _____

Representative Name (must be CMA member): _____

CMA ID#: _____

Office Telephone: _____ Office Fax: _____

****IMPORTANT**** E-mail: _____

* E-mail will be used exclusively for CMA communications and newsletters

CMA-OMSS ALTERNATIVE REPRESENTATIVE

Alternate Name (must be a CMA member): _____

CMA ID#: _____

Office Telephone: _____ Office Fax: _____

****IMPORTANT**** E-mail: _____

* E-mail will be used exclusively for CMA communications and newsletters

CHIEF OF STAFF

Name: _____

Term Ending: _____

Office Telephone: _____ Office Fax: _____

****IMPORTANT**** E-mail: _____

* E-mail will be used exclusively for CMA communications and newsletters

MEDICAL STAFF COORDINATOR: _____

Office Address: _____

Office Telephone: _____ Office Fax: _____

****IMPORTANT**** E-mail: _____

* E-mail will be used exclusively for CMA communications and newsletters

ANNUAL OMSS DUES SCHEDULE

Please check the box corresponding to your hospital's capacity.

- Free membership for public hospitals and for hospitals with fewer than 25 beds
- \$300 (fewer than 100 beds) \$700 (100-300 beds)
- \$1000 (301-500 beds) \$1500 (over 500 beds)

If 75% or more of your active medical staff are individual members of CMA, your medical staff may qualify for an OMSS dues discount.

Please complete this membership application and return it along with a check made payable to the California Medical Association, or complete the credit card information below.

Credit Card Number: _____ Security Code: _____ Exp. Date: _____

Card Holder's Name: _____

Billing Address: _____

CMA'S ANNOTATED MODEL MEDICAL STAFF BYLAWS

OMSS members receive a free copy of CMA's *2010 Model Medical Staff Bylaws* by email. Please indicate if you would like to receive an additional hard copy by mail.

- Additional hard copy of Medical Staff Bylaws

Please complete this membership application, submit your current Medical Staff roster, and include your dues payment. Return to:

CMA - OMSS Membership

1201 J Street, Suite 200

Sacramento, CA 95814

Ph: 800.786.4CMA (4246) • Fax: 916.551.2036 • Email: medstaffhelp@cmanet.org