



**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 Start Date: \_\_\_\_\_ Term End Date: \_\_\_\_\_

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

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**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: \_\_\_\_\_

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**CMA'S ANNOTATED MODEL MEDICAL STAFF BYLAWS**

OMSS members receive a free copy of CMA's *2011 Model Medical Staff Bylaws* electronically. Please indicate if you would like to receive a hard copy by mail at no charge.

- Yes, please send me a hard copy of the CMA Model Medical Staff Bylaws.

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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 (4262) • Fax: 916.551.2036 • Email: medstaffhelp@cmanet.org

Please send an electronic copy of your most recent medical staff bylaws to medstaffhelp@cmanet.org. This information will help us to develop new medical staff resources and to better respond to requests for assistance.