

TO: \_\_\_\_\_ FAX: \_\_\_\_\_

**SCCMA/MCMS 2010 Membership Directory Order Form**  
**\$30 — Members / \$60 — Non-members**

**Ordered by:**

**Mail to: (if different)**

<b>Name</b>	<b>Name</b>
<b>Attention</b>	<b>Attention</b>
<b>Firm's Name</b>	<b>Firm's name</b>
<b>Address</b>	<b>Address</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip</b>	<b>Zip</b>

Please send \_\_\_\_ copies of the new SCCMA/MCMS Directory. I understand that this order must be prepaid and a check is enclosed or credit card information is listed below in order to cover the number of directories requested. Send to: Santa Clara County Medical Association/Monterey County Medical Society, 700 Empey Way, San Jose, CA 95128, or fax 408/289-1064.

Make check payable to BUREAU OF MEDICAL ECONOMICS.

**Directory Payment by Credit Card**  
Credit card orders may be faxed to 408/289-1064

**DATE** \_\_\_\_\_

\_\_\_\_ **VISA**      \_\_\_\_ **MASTERCARD**      **AMOUNT \$** \_\_\_\_\_

**CARD #** \_\_\_\_\_      **EXP. DATE** \_\_\_\_\_

**NAME ON CARD** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_      **AP (office use only)** \_\_\_\_\_