

**SDSMA Alliance  
Membership Application**

Membership in the SDSMA Alliance enables you to be part of the solution. Our volunteers work together to develop and implement numerous programs that have a measurable, positive impact in their communities. Join our efforts today!

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_ Email \_\_\_\_\_

Physician's Full Name \_\_\_\_\_ Physician's Office ph \_\_\_\_\_

National and South Dakota Dues  \$65.00

Remit a check payable to SDSMAA. Mail payment and application to:

Kris Zimmerman  
8989 Highland Hills Rd  
Rapid City, SD 57702