

2016 SINKLER MILLER DUES

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DUES ARE \$250.00
NEW AND RETIRED PHYSICIANS \$100.00

NAME _____

OFFICE ADDRESS _____

HOME ADDRESS _____

OFFICE PHONE _____ **HOME PHONE** _____

FAX _____ **SPOUSE** _____

E-MAIL _____ **SPECIALTY** _____

Cell Phone (no. will not be printed in directory) _____

Mail to: P.O. Box 16216
Oakland, CA. 94610