LCMA
Lancaster County Medical Alliance
Physicians' Spouses Dedicated to a Healthier Community

Member Information

Name: _____

Spouse's Name / Specialty: _____

Email: _____ Phone: _____

☐ Cell ☐ Home ☐ Work

2025-2026 Dues

- ☐ Regular Member $50
- ☐ Resident or Fellow $25
- ☐ Widow/Widower $0
- ☐ Donation to LCMA Foundation: _____
- ☐ Total: _____

Payment Method

- ☐ Cash
- ☐ Check. *Payable to LCMA*

Please mail dues to:
Lancaster County Medical Society
8230 Beechwood Drive
Lincoln, NE 68510

LCMA Feedback

What would you like to see more of from LCMA? This could include social events, organizations you wish to partner with in the community, recruitment ideas, etc.

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