

DADE COUNTY MEDICAL ASSOCIATION  
*Political Action Committee*

**YES, I WANT TO MAKE A DIFFERENCE IN THE LEGISLATURE.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**WE CAN DO WITHOUT YOUR TIME, BUT NOT WITHOUT YOUR CONTRIBUTION!**

Physician \$100    Spouse \$100    Resident / Medical Student \$5

*Please make your check payable to:*  
DCMA Political Action Committee  
1501 NW North River Drive  
Miami, FL 33125

