West Virginia State Medical Association 2018 Kanawha Blvd. E Charleston, WV 25311 **Tel:** (304) 925-0342 **Email:** heather@wvsma.org **www.wvsma.org**



West Virginia State Medical Association

NEW MEMBER APPLICATION

Full Name (First, Middle, Last): Please check your selection. WVSMA Credentials (i.e. MD, DO, etc.): _____ \$500 Actively Practicing Medical License #_____ \$250 Semi-Retired (1-20 hrs) \$125 Retired Mailing Address (Include City, State, Zip): \$125 Resident \$250 Associate Member Home Address (if different): Student \$20 One Year Membership \$38 Two Year Membership \$54 Three Year Membership **Phone numbers:** (Mobile)_____ \$68 Four Year Membership (Home) ______ *Student pricing includes (Office)_____ membership with the WVSMA (Fax)_____ and AMA Email address: Adopt a student! Date/Place of Birth (City, State, Country): ___/___/ For an additional \$20, you can sponsor a medical student's membership to WVSMA/AMA. Specialty: _____ One student: \$20 Two students: \$40 Medical School: Other: # /\$ Graduation year (medical students only): _____ **County Component Societies** Spouse name (include prefix – Mr., Mrs., Dr.): Please contact Heather Nelson for county pricing information. **Office Manager Information:** (Name) _____ (Phone) (Email) _____ Payment can be made by check to WVSMA, completing the credit card section on the back of this form, or by faxing the completed application to 304-925-0345.

West Virginia State Medical Association membership requires payment of yearly Association and County Medical Society dues, unless your county medical society is inactive. Copyright 2022 West Virginia State Medical Association West Virginia State Medical Association 2018 Kanawha Blvd. E Charleston, WV 25311 **Tel:** (304) 925-0342 **Email:** heather@wvsma.org **www.wvsma.org**



NEW MEMBER APPLICATION CREDIT CARDFORM

Credit Card Information (Please check your selection.)
VISA
MASTERCARD
DISCOVER AMERICAN EXPRESS
AMERICAN EAF RESS
Card Number:
Expiration Date (MO/YR):/
CCID Code (Three-digit on reverse):
Billing Zip Code:
Authorized amount to charge on card: \$
Signature:
For a list of WVSMA Membership benefits, please visit our website at www.wvsma.org.