

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



West Virginia
State Medical
Association

NEW MEMBER APPLICATION

Please check your selection.

WVSMA

- \$500 Actively Practicing
- \$250 Semi-Retired (1-20 hrs)
- \$125 Retired
- \$125 Resident
- \$250 Associate Member

Student

- \$20 One Year Membership
 - \$38 Two Year Membership
 - \$54 Three Year Membership
 - \$68 Four Year Membership
- *Student pricing includes membership with the WVSMA and AMA

Adopt a student!

For an additional \$20, you can sponsor a medical student's membership to WVSMA/AMA.

- One student: \$20
- Two students: \$40
- Other: # ____ / \$ ____

County Component Societies

Please contact Lolita Kirk for county pricing information.

Full Name (First, Middle, Last): _____

Credentials (i.e. MD, DO, etc.): _____

Medical License # _____

Mailing Address (Include City, State, Zip): _____

Home Address (if different): _____

Phone numbers:

(Mobile) _____

(Home) _____

(Office) _____

(Fax) _____

Email address: _____

Date/Place of Birth (City, State, Country): ____/____/____

Specialty: _____

Medical School: _____

Graduation year (medical students only): _____

Spouse name (include prefix - Mr., Mrs., Dr.): _____

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.

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NEW MEMBER APPLICATION CREDIT CARD FORM

Credit Card Information (Please check your selection.)

- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS

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.



**West Virginia
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2024 Membership Dues

Categories	If paid by 3/31/24	If paid by 3/31/24	Paid after 3/31 ¹	Paid after 3/31 ¹
	Cash/check	Credit card (3%)	Cash/check	Credit card
WVSMA Actively Practicing	\$ 500.00	\$ 515.00	\$ 600.00	\$ 615.00
WVSMA Semi Retired (1-20 hours)	\$ 250.00	\$ 257.50	\$ 350.00	\$ 357.50
WVSMA Retired	\$ 125.00	\$ 128.75	\$ 225.00	\$ 228.75
WVSMA Alliance	\$ 10.00	\$ 13.00		
WVSMA Resident	\$ 125.00	\$ 128.75	\$ 200.00	\$ 228.75
WVSMA 1 st year medical student—4 years membership ²	\$ 68.00	\$ 70.00		
WVSMA 2 nd year medical student—3 years of membership ²	\$ 54.00	\$ 56.00		
WVSMA 3 rd year medical student—2years of membership ²	\$ 38.00	\$ 40.00		
WVSMA 4 th Year medical student—1year of membership ²	\$ 20.00	\$ 22.00		
WVSMA associate membership	\$ 250.00	\$ 257.50	\$ 350.00	\$ 357.50
Corporate associate member	\$ 2,500.00	\$ 2,575.00	\$ 2,600.00	\$ 2,675.00
WVSMA 1 st year practice ³	\$ 249.00	\$ 257.50		

Group Discount Rates	If paid by 3/31/24	If paid by 3/31/24	Paid after 3/31 ¹	Paid after 3/31 ¹
	Cash/check	Credit card (3%)	Cash/check	Credit card
	Price per member	Price per member	Price per member	Price per member
10-24 physicians	\$ 460.00	\$ 475.00	\$ 560.00	\$ 575.00
25-49	\$ 440.00	\$ 455.00	\$ 540.00	\$ 555.00
50-99	\$ 420.00	\$ 435.00	\$ 520.00	\$ 535.00
100-249	\$ 410.00	\$ 425.00	\$ 510.00	\$ 525.00
250-499	\$ 400.00	\$ 415.00	\$ 500.00	\$ 515.00
500+	\$ 390.00	\$ 405.00	\$ 490.00	\$ 505.00

¹ Late charges are for established members only. All New members (including Corporate Associate members) pay regular fee at time of joining, regardless of when that is during the year.

² Medical students can join at any time of year without late fees.

³ Newly in practice physicians can join their first year at any time without a late fee.