



NEW MEMBER APPLICATION

Please check your selection.

WVSMA

- \$495 Actively Practicing
- \$249 First Year Practice
- \$249 Semi-Retired (1-20 hrs)
- \$55 Retired
- \$10 WVSMA Alliance

AMA

- \$420 Actively Practicing
- \$210 First Year Practice
- \$210 (Semi-Retired 1-20 hrs)
- \$84 (Retired)

Resident

- \$30 WVSMA
- \$45 AMA

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 Heather Nelson 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 number: _____

Email address: _____

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

Specialty: _____

Medical School: _____

Graduation year (medical students only): _____

Spouse name (WVSMA Alliance members - 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.

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www.wvsma.org



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.