



## NEW MEMBER APPLICATION

### Please check your selection.

#### WVSMA

- \$450 Actively Practicing
- \$225 First Year Practice
- \$225 Semi-Retired (1-20 hours)
- \$225 Physician Assistant
- \$50 Retired
- \$10 WVSMA Alliance

#### AMA

- \$420 Actively Practicing
- \$210 First Year Practice
- \$210 (Semi-Retired 1-20 hours)
- \$84 (Age not withstanding)

#### Resident

- \$30 WVSMA
- \$45 AMA

#### Student

- \$20 One Year Membership
- \$38 Two Year Membership
- \$54 Three Year Membership
- \$68 Four Year Membership
- \*One payment for students earns a membership with the WVSMA and AMA

#### County

Please contact Bethany Kinder for county pricing information.

*The WVSMA advances health and promotes quality and safety in the practice of medicine in West Virginia by representing the interests of patients, public health, and physicians.*

Full Name (First, Middle, Last ): \_\_\_\_\_

Credentials (i.e. MD, DO, etc.): \_\_\_\_\_

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, by completing the credit card section on the back of this form, or by fax at 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.

West Virginia State Medical Association  
2018 Kanawha Blvd. E  
Charleston, WV 25311  
Tel (304) 925-0342  
Email [bethany@wvsma.org](mailto:bethany@wvsma.org)  
[www.wvsma.org](http://www.wvsma.org)



West Virginia  
State Medical  
Association

## 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): \_\_\_\_\_

Address Associated with Card (Include Zip Code) \_\_\_\_\_

Would you like a receipt? (Y/N): \_\_\_\_\_

Amount to charge this card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

*For a list of WVSMA Membership benefits, please visit our website at [www.wvsma.org](http://www.wvsma.org).*