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



West Virginia State Medical Association

NEW MEMBER APPLICATION

Please check your selection.	Full Name (First, Middle, Last):
WVSMA	
 \$450 Actively Practicing \$225 First Year Practice 	Credentials (i.e. MD, DO, etc.): Medical License #
 \$225 Semi-Retired (1-20 hours) 	Mailing Address (Include City, State, Zip):
 \$225 Physician Assistant 	
 \$50 Retired \$10 WVSMA Alliance 	Home Address (if different):
AMA	
 \$420 Actively Practicing \$210 First Year Practice \$210 (Semi-Retired 1-20 hours) \$84 (Age not withstanding) 	Phone numbers (Mobile): (Home): (Office):
<u>Resident</u>	Fax number:
 \$30 WVSMA \$45 AMA 	Email address:
Student• \$20 One Year Membership• \$38 Two Year Membership• \$54 Three Year Membership	Date/Place of Birth (City, State, Country):/
 \$68 Four Year Membership 	
• *One payment for students	Medical School:
earns a membership with the WVSMA and AMA	Graduation year (medical students only):
Adopt a student! For an additional \$20, you can	Crosses nome (IAWEWA Allience members, include and
sponsor a medical student's membership to WVSMA/AMA.	Spouse name (WVSMA Alliance members – include prefix – Mr., Mrs., Dr.)
 One student: \$20 Two students: \$40 	Office Manager Information: (Name):
• Other: # / \$	(Phone):
County	Payment can be made by check to WVSMA, by completing the credit card
Please contact Bethany Kinder for county pricing information.	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. Copyright 2019 West Virginia State Medical Association West Virginia State Medical Association 2018 Kanawha Blvd. E Charleston, WV 25311 **Tel** (304) 925-0342 **Email** bethany@wvsma.org **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):	
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.	