

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

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.

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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): _____

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.