



2017 Annual KCMSA Membership Dues

Please complete this form to apply for or renew your Kitsap County Medical Society Alliance/Foundation Dues.
 KCMS Alliance established in 1934 and KCMS Foundation established 2001

Please send payment to: KCMS ~ PO BOX 490 ~ Silverdale, WA 98383

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|---|---------|-----------------|
| <input type="checkbox"/> Kitsap County Medical Society Alliance/Foundation Dues | \$90.00 | _____ |
| <input type="checkbox"/> KCMS extra Directory (optional) | \$40.00 | _____ |
| <input type="checkbox"/> KCMS Foundation Donation (optional) | | _____ |
| Total | | \$ _____ |

Please make checks payable to KCMSF (identify the name of the member on the check).
Please make sure to also include current contact information, particularly e-mail and mailing addresses.
 This will help us to keep you informed of social and business events that are included in your membership.

Name _____ Business Name: _____
 Address _____
 City _____ State/Zip _____
 Phone _____ Email _____

If paying by credit card please complete this form and mail it to the KCMS office.

Name on credit card _____
 Visa/MC Number _____ Exp. Date _____ Security Code _____
 Amount \$ _____ Signature _____



VOLUNTEER OPPORTUNITIES!

Please check the box if you are interested in any of the following:

- Chair a position with the Alliance/Foundation. I'm interested in learning what positions are available
- Volunteering with the Fun Run planning committee
- Volunteering with the Fall Gala Fundraiser planning committee
- General help!

Thank you for your support with the Kitsap County Medical Society!

KCMS – PO BOX 490 – Silverdale, WA 98383
 Office/Mobile (360) 689-2928 * Fax (360) 204-5709
www.kcmedical.org kcms@teleybte.com