



2017 Annual KCMS Membership Dues

Please complete this form to apply for or renew your Kitsap County Medical Society Dues. Please remember we are a unified county, which means that in order to be a member of the Kitsap County Medical Society you must also join the WSMA.

Thank You for your Support!

Kitsap County Medical Society	\$295.00	_____
Washington State Medical Association (Full Time/Active)	\$535.00	_____
Washington State Medical Association (Semi-Retired - 20 hours per week or less)	\$317.00	_____
Kitsap County Medical Society Alliance/Foundation (Spouse Membership)	\$50.00	_____
Recommended KCMS Foundation Donation (optional)	\$50.00	_____
Washington Medical Political Action Committee Regular Member (optional)	\$250.00	_____

Total \$ _____

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

Please make checks payable to KCMS (identify the name of the member on the check)

If paying by credit card please print this form and mail it to the KCMS office or fax to 360.204.5709

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

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If you are new to the KCMS please complete an application form with the Medical Society. Please contact the KCMS office to obtain this form. Additionally if you are in your first or second year of practice after Medical Residency then discounts apply for the first two years with the WSMA and KCMS. Please see below:

- KCMS New Member (1st year/Application Rate) \$295.00 _____
- WSMA 1st year in practice \$0.00 _____
- WSMA 2nd year in practice \$293.00 _____

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

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www.kcmedical.org kcmsmed@gmail.com