



2019 Annual KCMS Membership Dues

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

Please send payment to the KCMS by 01/30/2016 to be included in the KCMS Membership Directory

Kitsap County Medical Society – Physician Assistant	\$295.00 _____
Washington State Medical Association	\$125.00 _____
Recommended KCMS Foundation Donation (optional)	\$50.00 _____
Kitsap County Medical Society Alliance/Spouse Dues	\$50.00 _____
Total \$ _____	

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Please make checks payable to KCMS (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.

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

If paying by credit card please complete the following:

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

Membership includes many benefits. Please inquire with the KCMS office for details.

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

KCMS – PO BOX 490 – Silverdale, WA 98383
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www.kcmedical.org kcsmmed@gmail.com