



2020

Annual KCMS & WSMA Membership Dues

Please complete this form to apply for or renew your Kitsap County Medical Society Dues.
KCMS & WSMA are unified, meaning to belong to one you must join both organizations. Thank you!

Kitsap County Medical Society Dues	\$295.00	_____
Washington State Medical Association Dues	\$535.00	_____
WSMA Limited Practice Dues (work less than 20 hrs per week)	\$317.00	_____
KCMSA Foundation Dues (Spouse/Partner of Provider Dues)	\$50.00	_____
KCMS Foundation Donation (optional)	\$50.00	_____
	TOTAL \$	_____

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

Your Name _____ Spouse Name _____

Home Address: _____

City _____ State/Zip _____

Phone _____ Email _____

Your Profession/Specialty: _____ Office Address: _____

City _____ State/Zip _____

Phone _____ Email _____

If paying by credit card please complete the following:

Name on credit card _____

Visa/MC Number _____

Exp. Date _____ Sec Code _____

Amount \$ _____ Signature _____

Membership includes:
Medical Society Publications, Membership Directory, Listing in the Membership Directory and Invitations to several annual KCMS meetings and events.

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

KCMS – PO BOX 490 – Silverdale, WA 98383 ~ Office/Mobile (360) 689-2928

www.kcmedical.org kcmsmed@gmail.com