



# 2020

## KCMS Business Partner Alliance Membership Dues

Please complete this form to apply for or renew your Kitsap County Medical Society Dues.

Kitsap County Medical Society Alliance Dues (enhanced benefits)	\$295.00 _____
KCMS Alliance Dues	\$90.00 _____
KCMS Foundation Donation (optional)	\$50.00 _____
	<b>TOTAL \$ _____</b>

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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; 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 under Members (alphabetically) and also in the Business Listing section by type of business or specialty, Email updates and invitations to several 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](http://www.kcmedical.org) [kcmsmed@gmail.com](mailto:kcmsmed@gmail.com)