



2021

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)	\$325.00 _____
KCMS Alliance Dues	\$110.00 _____
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 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
kcmsmed@gmail.com