



# 2022 Dues

## KCMS Business Partner Foundation Membership Dues

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

KCMS Business Partner Foundation Dues: Includes publications, your contact info in the E-Directory and invitations/attendance at our events and meetings	\$325.00	_____
KCMS Supporting Member: Includes publications & your contact information included in the E-Directory	\$110.00	_____
KCMS Foundation Donation (optional)	\$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; e-mail and mailing address**  
This will help keep you informed of social and business events that are included in your membership.

Your Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Your Profession/Specialty:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

If paying by credit card please complete the following:

Name on credit card \_\_\_\_\_

Visa/MC Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

**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)