

## **New Member Application**

WVSMA			
□ \$450 Actively Practicing	First Name	Middle Initial	Last Name
□ \$225 First Year Practice	T HOU I VALLE	ivildalo ilittidi	Last Haine
□ \$225 Semi-Retired (1-20 hours)	·		
□ \$225 Physician Assistant	Preferred Mailing Address		
□ \$50 Retired			
□ \$10 Alliance	City	State	Zip
AMA  □ \$420 Actively Praciting	Phone Number		Fax Number
□ \$210 First Year Practice			
□ \$210 Semi-Retired (1-20 hours)	-	E-mail Address	
□ \$84 Retired under 65 yrs of age			
□ \$0 Retired over 65 yrs of age	Date & Place of Birth		Specialty
Resident			
□ \$30 WVSMA	Medical School	Gradua	tion Year (Students Only)

### **Student (\* WVSMA and AMA)**

- □ \$20 One Year Membership
- □ \$38 Two Year Membership
- □ \$54 Three Year Membership
- □ \$68 Four Year Memership
- \*One payment for Students earns a membership with the WVSMA and AMA.

#### County

□ \$45 AMA

Please contact Mona Thevenin for County Dues Pricing

## Activate your WVSMA membership today!

Questions: Mona Thevenin, Membership Director (304) 925-0342 ext. 16 - mona@wvsma.org

Payment can be made by check to WVSMA or by completing the credit card form on the back.

Please send application and payment to: 4307 MacCorkle Avenue SE Charleston, WV 25304 (304) 925-0345-fax

Dedicated to improving the health of West Virginians

# New Member Application - Credit Card Form

□ Visa	☐ MasterCard	□ Discover	☐ American Express
Fig. 1			
Credit Card Number			
Expiration Date			Verification Code
Credit Card Billing A	ddress		
Name as it appears or	the card		*
Phone Number		E-mail Ad	Idress (for receipt purposes)
Signature			

Thank You!