

Yakima County Medical Society

2001 Sixth Avenue, Suite 2700

Seattle, WA 98121

(206) 956-3621 www.ycms.org



Yakima County Medical Society

'One Voice for Physicians'

2016 MEMBERSHIP RENEWAL

Name _____
(first) (middle) (last)

Practice/Clinic Name _____

Preferred Email _____

I WILL CONFORM TO THE Yakima County Medical Society Constitution and Bylaws as they now stand or as they may be amended by this organization from time to time. I shall forward my annual dues to the Society office upon receipt of a statement.

Signature _____ Date _____

As a Unified county society, Yakima County Medical Society bylaws require physician members to hold joint membership with either the Washington State Medical Association (WSMA) or the Washington Osteopathic Medical Association (WOMA).

Are you a member of the Washington Osteopathic Medical Association (WOMA)? Yes No

*If yes, please designate only your Yakima County Medical Society membership category below
If no, please indicate **both** your Yakima County Medical Society and WSMA membership categories and calculate your total payment accordingly*

Yakima County Medical Society Dues

- \$150 Full Active Member
- \$75 Physician Assistant
- \$0 Retired Physician
- \$0 Resident Physician

Washington State Medical Association Dues

- \$535* Full-time Active Physician
- \$293* 2nd Year in Medical Practice
- \$0 1st Year in Medical Practice
- \$317* Limited Practice (fewer than 20 hours per week)
- \$125* Physician Assistant
- \$0 Fully Retired (Retirement Date _____)
- \$0 Resident (Expected Date of Completion _____)

Most WSMA members who are insured by Physicians Insurance receive a discount of \$300 on their liability insurance premium. Call Physicians Insurance at (206) 343-7300 for details.

* WSMA dues include a \$25 contribution for the Washington State Medical Political Action Committee (WAMPAC) or WSMA Foundation for Health Care Improvement, a not-for-profit 501(c)(3) organization which supports improvements in the quality and delivery of health care services for all Washingtonians. Please select WAMPAC or WSMA Foundation to indicate where you'd like your contribution directed. WAMPAC WSMA Foundation for Health Care improvement

Total Payment Amount \$ _____

Payment Method:

- Check enclosed (please make payable to **WSMA**)
- Credit Card (pay for both YCMS and WSMA at the same time via the WSMA website at www.wsma.org)

Please mail this application and payment to:

Yakima County Medical Society
2001 Sixth Avenue, Suite 2700
Seattle, WA 98121