

Yakima County Medical Society
2001 Sixth Avenue, Suite 2700
Seattle, WA 98121
(206) 956-3621 www.ycms.org



2016 MEMBERSHIP APPLICATION

I. Contact Information

Name _____ Date of Birth ____/____/____
(first) (middle) (last)

Practice/Clinic Name _____ Office Phone (____) _____

Office Address _____

Home Address _____

Home Phone (____) _____ Preferred Email _____

At which address would you prefer to receive mail related to YCMS? Office Home

II. Professional Background Information

Medical /DO/Other School _____ Year of Graduation _____

Residency _____ Year of Completion _____
(if applicable)

Other training _____ Year of Completion _____
(Continue on separate paper if necessary)

Specialty: _____ Date practice began in Yakima County _____

Most recent former clinic/practice (if applicable):

_____ Dates _____
(name) (city) (state)

Has your license to practice medicine ever been limited, suspended, or revoked? Yes* No

**Please list details on a separate sheet of paper*

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 (VISA or Mastercard only)

Card number _____

Expiration Date _____ / _____

Signature _____

Please mail this application and payment to:

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