

Yakima County Medical Society  
PO Box 706  
Yakima, WA 98907  
(509) 969-5488 [kayfunkmd@ycms.org](mailto:kayfunkmd@ycms.org)



## 2018 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 \_\_\_\_\_