



Medical Society of Virginia Application for Membership

MSV also encourages membership in your local medical society and the AMA

Office Code: INT2009

Name: _____ Gender M F
First Middle Last

Practice Name: _____

Office Address: _____
Street City State Zip

Office Phone: _____ Fax: _____

E-mail (confidential – for MSV use only): _____

Home Address: _____
(confidential) Street City State Zip

Home Phone (confidential): _____ Spouse Name: _____

Primary Specialty: _____ Secondary Specialty: _____

Medical Education: _____
School Location Degree Year of Graduation

Date of Birth: _____ Virginia License #: _____ Year License Issued: _____
(mm/dd/yy)

Preferred address for: (select one for each item)

- | | | |
|---|---------------------------------------|---|
| MSV Publication Mailings: | <input type="checkbox"/> Home address | <input type="checkbox"/> Office address |
| Billing/Dues Invoice: | <input type="checkbox"/> Home address | <input type="checkbox"/> Office address |
| Your Listing in the <i>Directory of Virginia Physicians</i>: | <input type="checkbox"/> Home address | <input type="checkbox"/> Office address |

MSV Annual Dues Payment Classifications

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Active Members (working or practicing full time) | \$425 | <input type="checkbox"/> 2 nd Spouse Member (1 st pays Active rate) | \$215 |
| <input type="checkbox"/> Part-time Active (working 20 hours/week or less) | \$215 | <input type="checkbox"/> Non Practicing (not working, but not retired) | \$100 |
| <input type="checkbox"/> Public Health Service | \$100 | <input type="checkbox"/> Fully Retired (no patient care or other work) | \$100 |
| <input type="checkbox"/> Military (Active Duty) | \$100 | <input type="checkbox"/> Out of State (not practicing in VA) | \$100 |
| <input type="checkbox"/> First Year in Practice (from residency) | \$215 | | |

Payment Information

Select one: Check Visa MasterCard Discover Am Express **Dues Total: \$** _____

Name: _____ Expiration Date: _____
Please print name as it appears on the card

Credit Card Number: _____

Date: _____ Signature: _____

By joining the Medical Society of Virginia (MSV) you are agreeing to conduct yourself professionally and personally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the MSV. Dues to the MSV are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues is not deductible as an ordinary business expense to the extent that the Medical Society of Virginia engages in lobbying. The non-deductible portion of dues is thirty percent (30%).

Return application to:

MSV Payment Processing Lockbox, PO Box 79852, Baltimore MD 21279-0582
Tel: 804 | 353-2721 Fax: 804 | 355-6189 Join online: www.msv.org