



# Medical Society of Virginia Application for Membership

MSV Code
WSR

*MSV is committed to making Virginia the best place to practice medicine.*

CONTACT & SPECIALTY INFORMATION
Full Name: _____
Practice Name: _____
Office Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Office Fax: _____
Home Address: _____
Home Phone: _____ Spouse Name: _____
Primary Specialty: _____ 2nd Specialty: _____

VERIFICATION
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yy): _____
VA Medical License #: _____
Year License Issued: _____
<u>Medical Education</u>
School: _____
Location: _____
Degree: _____
Year Graduation: _____

## MEMBER COMMUNICATION PREFERENCES

The majority of MSV communications are now conducted through email. Please provide an email address so that you may stay abreast of happenings within the medical profession and receive the value of these communications. Email addresses remain confidential and are never shared with, or sold to, any outside entities.

**E-mail Address:** \_\_\_\_\_

**Preferred address for:** (select one for each item)

- |                                                                |                                         |                                       |
|----------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| MSV printed publications:                                      | <input type="checkbox"/> office address | <input type="checkbox"/> home address |
| Billing/dues invoice:                                          | <input type="checkbox"/> office address | <input type="checkbox"/> home address |
| Your listing in MSV's online Directory of Virginia Physicians: | <input type="checkbox"/> office address | <input type="checkbox"/> home address |

## MSV DUES

**Please select your membership category below** (dues for one full year):

- |                                                                                                  |       |                                                                        |       |
|--------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Active Members (working full time)                                      | \$495 | <input type="checkbox"/> Public Health (State or Federal employee)     | \$115 |
| <input type="checkbox"/> Part-time Active (working 20 hours/week or less)                        | \$249 | <input type="checkbox"/> Military (active medical officer)             | \$115 |
| <input type="checkbox"/> First Year in Practice (from residency)                                 | \$249 | <input type="checkbox"/> Non Practicing (not working, but not retired) | \$115 |
| <input type="checkbox"/> 2 <sup>nd</sup> Year in Practice (from residency)                       | \$375 | <input type="checkbox"/> Fully Retired (no patient care or other work) | \$115 |
| <input type="checkbox"/> 2 <sup>nd</sup> Spouse Member (1 <sup>st</sup> spouse pays active rate) | \$249 | <input type="checkbox"/> Out of State (not practicing in VA)           | \$115 |

## PAYMENT INFORMATION

**Amount \$ \_\_\_\_\_ Return this completed form with payment or join online at [www.msv.org](http://www.msv.org)**

- |                                       |                           |                        |
|---------------------------------------|---------------------------|------------------------|
| <input type="checkbox"/> Check to MSV |                           |                        |
| <input type="checkbox"/> VISA         | Credit card number: _____ | Expiration date: _____ |
| <input type="checkbox"/> Mastercard   |                           |                        |
| <input type="checkbox"/> Discover     | Name on card: _____       | Signature: _____       |
| <input type="checkbox"/> Am Express   |                           |                        |

**Return Application with Payment to:**  
 Medical Society of Virginia  
 PO Box 79852  
 Baltimore, MD 21279-0852  
 Phone: (800) 746-6768, ext. 1050  
 Fax: (804) 355-6189

**Tax Information**  
 MSV dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. Twenty percent (20%) of MSV dues are not deductible as an ordinary business expense because this portion of dues is attributable to lobbying activities.