



Medical Society of Virginia Application for Membership

Office Code: WSR

Resident Application for Membership

(Please mail or fax application to address below with your check or cc number)

Name: _____ MD DO Gender M F
First Middle Last

EXPECTED RESIDENCY COMPLETION DATE (We cannot process your application without this information): _____
Month/Year

Specialty: _____

Home Address: _____
Street City State Zip

Home Phone: _____
(confidential)

Office Address: _____
Street City State Zip

Office Phone: _____ Fax: _____

E-mail: _____
(confidential)

Residency Program: _____ City: _____

Medical Education: _____
School Year of Graduation

Date of Birth: _____ Social Security Number: _____
(confidential) (optional & confidential)

Preferred address for: (select one for each item)		
MSV Publication Mailings (1 per month)	<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

Membership Dues

One time Fee of \$50 for your entire Residency/Internship/Fellowship \$50

MSV Payment Information

If paying by check, please make your check out to "MSV" and mail to address below.

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

Name: _____ Exp 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 twenty-five percent (25%).

Return application and payment to:
MSV Payment Processing Lockbox, PO Box 79852, Baltimore MD 21279-0582
Tel: 804 | 353-2721 Fax: 804 | 355-6189 www.msv.org