

Washington State Urology Society Corporate Membership Application



Corporate Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Company Website _____

Marketing Director	Email	Phone
Other Corporate Contact/Title	Email	Phone
Regional Sales Manager	Email	Phone

Principle product/service for urology:

RECOMMENDED FOR MEMBERSHIP BY: 1. _____
2. _____

(Two WSUS members must mail/email a letter of recommendation to us separately from this application)

The undersigned understands participation as a Corporate Member required the corporation to be accepted by the WSUS membership and committed to the aims and objectives of the urology profession, including the mission of the society.

(Signature) (Date)

ANNUAL DUES
Corporate Membership = \$7500/year

APPLICATION FEE
Corporate Membership = \$7500/year

ACTION OF MEMBERSHIP COMMITTEE _____ Date _____

ACTION OF SOCIETY _____ Date _____