



# Washington State Urology Society Application for Active Membership

- Active Physician Member
- Associate (physician located outside WA)
- Urology Fellow

- Urology Resident
- Advanced Practice Provider
- Urology Practice Administrator/Manager
- Medical Student

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Board Certification \_\_\_\_\_

Medical School(s) \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degrees \_\_\_\_\_ Internship (include dates): \_\_\_\_\_ to \_\_\_\_\_

Postgraduate Training (Urology) \_\_\_\_\_

Time practiced in present location: \_\_\_\_\_

Membership in scientific societies: \_\_\_\_\_

**RECOMMENDED FOR MEMBERSHIP BY:** 1. \_\_\_\_\_

2. \_\_\_\_\_

(Two WSUS members must email their recommendation to us separately from this application to the Executive Director, Debi Johnson, [djmgmt@gmail.com](mailto:djmgmt@gmail.com))

I hereby certify that the information given above is correct to the best of my knowledge. I hereby agree to abide by the Constitution and Bylaws of this Society in all matters referable to the Society.

\_\_\_\_\_  
(Signature) (Date)

**ANNUAL DUES**

Active Membership = \$195/year  
Advanced Practice Provider Membership = \$97.50/year  
Urology Practice Administrator/Manager = \$97.50/year  
Urology Fellow / Resident / Medical Student = FREE

**APPLICATION FEES**

Active Membership = \$195/year  
Advanced Practice Provider Membership = \$97.50/year  
Urology Practice Administrator/Manager = \$97.50/year  
Urology Fellow / Resident / Medical Student = FREE

ACTION OF MEMBERSHIP COMMITTEE \_\_\_\_\_

ACTION OF SOCIETY \_\_\_\_\_