

Washington State Urology Society Application for Active Membership



Type of membership applied for:

- | | |
|--|---|
| <input type="checkbox"/> Active Physician Member | <input type="checkbox"/> Allied Health |
| <input type="checkbox"/> Associate (physician located outside) | <input type="checkbox"/> Urology Practice Administrator/Manager |
| <input type="checkbox"/> Urology Resident | |

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 mail a letter of recommendation to us separately from this application)

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
Allied Health and Associate Memberships = \$97.50/year
Urology Practice Administrator/Manager = \$97.50/year
Urology Resident = FREE

APPLICATION FEES

Active Membership = \$195/year
Allied Health and Associate Memberships = \$97.50/year
Urology Practice Administrator/Manager = \$97.50/year

ACTION OF MEMBERSHIP COMMITTEE _____

ACTION OF SOCIETY _____