



Application for Membership

Contact Information

Name _____ Title _____

Practice/Group Name _____

Preferred Mailing Address _____

City/State/Zip _____

Phone _____ Email _____

Hospital Affiliation _____

Education

School Name, Location, & Years Attended

Premedical Education _____

Medical School _____

Residency _____

Fellowship _____

Professional Society Memberships _____

Membership Dues: One Year Membership

Active Member \$135.00

licensed practitioner of medicine or osteopathy

Associate Member \$135.00

any midwife licensed under the advanced registered nurse practitioner act (CNM)

Resident Member \$0.00

Enclosed is my check for payment

Credit card payments must be processed online

Please return completed application along with payment to:

WSOA

14113 150th Pl SE
Renton, WA 98059

Email: ddw@wsma.org

Questions? 206-719-2421