

Spokane Society of Internal Medicine Dues Statement

Membership Type

Active Member _____ \$50.00

Retired Member _____ \$30.00

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Preferred Mailing Address: Business Home
Please Print

Name: _____ Suffix: _____

Institution / Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Fax Number: _____

E-mail: _____

Please provide your preferred email address. This will only be utilized by SSIM.

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Payment Check Enclosed (Payable to SSIM) Credit Card

Card Number

Expiration Date

Security Code

Billing Address of Card Holder

Name on Credit Card / Signature

MAIL TO: Spokane Society of Internal Medicine | PO Box 31284 | Spokane, WA 99223

SCAN / EMAIL TO: spokanesocietyim@gmail.com (Credit Card Payment is required)