



SPOKANE SOCIETY OF INTERNAL MEDICINE

P.O. Box 31284
Spokane, Washington 99223

APPLICATION FOR MEMBERSHIP

Biographical Data

Rcd	_____
Amt	_____
Ck#	_____
Approved	_____

Please type or print

NAME:

Last First Middle Title (MD, DO, Etc.)

Office/Company Name: _____

Office Address: _____

Office Phone: _____

Home Address: _____

Home Phone: _____

Preferred Email (Only used by SSIM): _____

Preferred Mailing Address: Business Home

Birth date: Month _____ Day _____ Year _____

SIGNATURE:

Signature

Date

* **Application Fee is \$65.00** (amount includes first year of membership dues)

Mail application and check to: Spokane Society of Internal Medicine, PO Box 31284, Spokane WA 99223

Phone: 509-448-9709

Fax: 509-448-9739

Email: spokanesocietyim@gmail.com