

## REQUEST FOR CHANGE TO RETIRED STATUS



Date of Application \_\_\_\_\_

**Name** \_\_\_\_\_

**Current Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**County** \_\_\_\_\_ **Phone (\_\_\_\_\_)** \_\_\_\_\_

**Preferred Email Address** \_\_\_\_\_

*The primary form of communication whenever possible will be by email.*

\_\_\_\_\_ I am requesting a change in membership status from Active to **Retired** because I no longer see patients for a fee and I do not maintain an office. I understand that Retired members do not have voting privileges and may not hold offices in the association.

“By my signature, I hereby authorize release of the information contained in this application and WOMA membership file to those organizations or hospitals to whom I may subsequently apply for membership; and release to WOMA, by organizations, agencies and hospitals of information relative to my membership in those organizations and my professional practice. I understand that withholding or falsification of information will result in denial of membership.”

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

Scan and send application to [hgriffin@woma.org](mailto:hgriffin@woma.org) or submit to  
**PO Box 1187/Gig Harbor, WA 98335** (email preferred)

**Questions?** Please contact us at **425-677-3930** or you can email [executivedirector@woma.org](mailto:executivedirector@woma.org).