

WOMA ASSOCIATE MEMBERSHIP APPLICATION

Please complete all sections ***required**.



***Name** _____

***Address of Current Practice** _____ ***Office Phone ()** _____

***City, State, Zip** _____ **County** _____

Home Address _____ Home Phone () _____

City, State, Zip _____ ***County** _____

***Preferred Mailing Address** _____ Office _____ Residence _____ Other _____

City, State, Zip _____

***Preferred Email Address** _____

Secondary Email Address _____

AOA #(If Applicable) _____ Birthdate _____ Gender _____

TRAINING

Undergraduate School _____ Degree _____ Year _____

Graduate School _____ Year _____

Doctorate _____

Current Employer _____ Current Position _____

Have you ever had a license limited, suspended or revoked? No _____ Yes _____ If yes, please attach explanation.

Have your prescribing privileges ever been limited or suspended? No _____ Yes _____ If yes, please attach explanation.

“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.”

Signature of Applicant _____
Date

If referred by WOMA member, please list : _____

Scan and send application with **\$35 application fee** and **Dues of \$110** to **hgriffin@woma.org** or submit to
PO Box 1187/Gig Harbor, WA 98335 (email preferred)

Dues may be pro-rated if joining after March 31st as follows:

April 1-June 30 \$82.50 July 1-September 30 \$55.00 October 1-December 31 \$27.50

Total Payment: \$ _____

Payment Method: Check Enclosed # _____ Visa _____ MasterCard _____

Card # _____ Exp. Date: _____ CVV: _____

Credit Card Billing Zip: _____ Name on Card: _____

Signature: _____

Questions? Please contact us at **425-677-3930** or you can email **executivedirector@woma.org**.