



## Western Society of Oral and Maxillofacial Surgeons

1737 Edgewater Lane, Bellingham, WA 98226

Phone: 360-389-5221 \* Fax: 360-392-8377

Email: info@wsoms.org \* www.wsoms.org

### Annual Dues Invoice: General

**To submit online, use  
the Online Membership Form.**

#### \$175.00 for Annual WSOMS Membership

Please remit by February 15. **After February 15th add \$10 late fee.** Renew yearly.

Please PRINT the following information:

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Nickname** \_\_\_\_\_

MD DDS DMD PHD MS Other \_\_\_\_\_

#### Home Address:

Street \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

#### Office Address:

Street \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

Please make your check payable to WSOMS or you may charge your Visa or MasterCard.

**Fee is \$175; after February 15 it's \$185.**

Visa MasterCard

Amount \$ \_\_\_\_\_

Acct Nr. \_\_\_\_\_

Exp \_\_\_\_\_

CSV \_\_\_\_\_

Signature \_\_\_\_\_

PAY TO: WSOMS, 1737 Edgewater Lane, Bellingham, WA 98226 \* ATTN: Dr. Chuck Walter

Questions: Phone: 360-389-5221 \* Fax: 360-392-8377 \* Email: info@wsoms.org \* www.wsoms.org

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