



District VI

Western Society of Oral and Maxillofacial Surgeons, WSOMS
1737 Edgewater Lane, Bellingham, WA 98226
Phone: 360-389-5221; Fax: 360-392-8377
Email: info@wsoms.org * www.wsoms.org

2020 Annual Dues Invoice: WSOMS and HISOMS

WSOMS: \$100.00 for Annual WSOMS Membership Discounted \$75 (from \$175) for Hawaii.

HISOMS: \$150.00 for Annual HISOMS Membership

Total: \$250.00 (\$260 after February 15)

Save money and time. Pay for
State and District dues together!

Please remit by February 15. After February 15 add \$10 late fee to WSOMS dues.

Please PRINT the following information:

First Name _____ **Last Name** _____

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, for your convenience, you may charge your Visa or MasterCard.

\$100 + \$150 = \$250 (after Feb 15 add \$10) Save money and time. Pay State & District Membership together!

Visa MasterCard

(If you're typing, just enter a solid block of numbers, no spaces.)

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