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Website/Chatline Coordinator

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MEMBERSHIP RENEWAL FORM 2024-2025

Please return your <u>renewal form with payment</u> by July 15, 2024.

NAME:

Please include your credentials with your name. Thank you!

ORGANIZATION: _____

TITLE/POSITION _____

OFFICE:

Street Address, City, State, Zip

Fax

Phone

E-Mail Address

____ Cell and/or Home Phone (if you would like to share)

NAME AND TITLE OF THE PERSON YOU REPORT TO:

- 1. Status you are applying for: □ Active (\$35.00) □ Associate (\$35.00)
- 2. How long have you been in this position? ____

3. Are you a member of NAMSS? □ Yes □ No

4. If not a member of NAMSS, would you like information on becoming a member? □ Yes □ No

5. What topics would interest you at future meetings of our West Virginia Association?

MEMBERSHIP DUES: \$35.00 (Due by July 15, 2024)

Membership renewals received after July 15, 2024 will incur a \$10 late fee, <u>failure to pay dues and applicable fees by August</u> 1st shall result in termination of membership.

Please make check payable to:

WVAMSS (West Virginia Association of Medical Staff Services)

Mail to: Lynn Blackburn, WVAMSS Treasurer 115 Westland Estates Winfield, WV 25213

Membership Benefits:

- Free CEU's/Education (Monthly Lunch N Learn's)
- Mentoring Program
- Membership E-mail Discussion/Help-Line (You will automatically be added to the Website/Discussion/Help-Line unless you specifically ask to be taken off)
- Networking Among Colleagues
- Listing of Medical Staff Professionals in WV, including names, addresses, phone & fax numbers, and e-mail addresses