Membership Application

Please **TYPE** or **PRINT**. Attach additional sheets if necessary

PERSONAL INFORMATION DOCUMENTS REQUESTED: A color photo

Last Name_____________________First Name____________________________Middle Initial_____Suffix_______

MD/DO__________Other Academic Degrees______________________________Birthdate_____________________

Primary Mailing Address____

City_________________________State________________Zip______________Phone ____________________

Primary Email____

PRACTICE INFORMATION REQUIRED: Name of clinic and/or group

PRIMARY PRACTICE: Type of practice ☐ Group Clinic ☐ Solo ☐ University ☐ Other

Clinic/Group Name ____

SECONDARY PRACTICE: Type of practice ☐ Group Clinic ☐ Solo ☐ University ☐ Other

Clinic/Group Name ____

MEDICAL LICENSING

Washington State License #______________________________________Date Issued ____________________

Other State Licenses #____Date Issued ____________________

SPECIALTY

Primary Specialty ____

Secondary Specialty or Special interest: ___________________________________

Practicing/Residing in King County as of ________________________Is this your first year of practice? ☐Yes ☐No

EDUCATION & TRAINING

Medical School Name_____________________________State____________________Year Graduated _________

Residency Institution_____________________________State________Began________Ended________________

Specialty ____

Additional Training_______________________________State________Began________Ended________________

Course of Study ____

MEMBERSHIP DUES PAYMENT

If your institution is covering the payment for your membership, please provide the Institution name and email contact for invoicing. If you are covering your own membership, we will send an invoice to your email provided above.

Institution ____

Payment Contact ____

HOW TO SEND US YOUR PHOTO (Optional)

A recent photograph is requested with your application. You can send one by mail or electronically.

- Send by mail: PNWTS, 200 Broadway, Seattle WA 98122
- Send electronically: Send a jpg with your application or separately you can mail to pnwts@kcmsociety.org
- Specifications: A color portrait. jpg or tif format. 300 dpi resolution. No larger than 5”x7”.