



Please return this form with your dues check to:

WSSOMS Executive Director
1855 156th Ave NE STE101
Bellevue, WA 98007

2024 MEMBERSHIP DUES

Select one:

WSSOMS Membership Dues + WSOMS = \$600

WSSOMS Life Membership Dues + WSOMS = \$325

Name: _____

Phone: _____ Email Address: _____

Practice Name: _____

Practice Address: _____

Practice Phone: _____ Practice Fax: _____

Practice Website URL: _____

Please note that:

- 50% of regular membership dues
- 100% of life member dues

Is NOT deductible as a business expense because it relates to WSSOMS lobbying and political expenditures.