



# VIRGINIA SOCIETY OF RHEUMATOLOGISTS

## Committed to Improving Rheumatology Care in Virginia

### Member Home Contact Information

Full Name: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth (mm/dd/yy): \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home City, State and Zip: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Member Office/Practice Information

Group/Practice Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Office City, State and Zip: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Office Manager Name: \_\_\_\_\_ Manager's Email Address: \_\_\_\_\_

### Medical Education / Professional Information

Medical School Attended: \_\_\_\_\_ Location: \_\_\_\_\_  
Degree: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Specialty Area: \_\_\_\_\_ Subspecialty: \_\_\_\_\_  
Virginia Medical License #: \_\_\_\_\_ Year License Issued: \_\_\_\_\_

### Communication Preferences

The majority of VSR communications are conducted through email. Please let us know how you would like us to stay in touch with you!  
(Email addresses remain confidential and are never shared with, or sold to, any outside entities.)

Preferred Method of Communication: (select one for each item)

Phone Number:  Home Phone Number  Office Phone Number  Mobile Phone Number  
Mailing Address:  Home Address  Office Address  
Email Address:  Home Email Address  Manager's Email Address  
Fax Number:  Home Fax Number  Office Fax Number

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**Please select your requested membership type:**

- Physician Membership: Individuals possess a MD, DO, PhD, or other doctoral degree in Rheumatology Medicine | \$100
- Allied Health Professional Membership: Individuals who primary employment is in the Rheumatology medical profession | \$50
- Affiliate Member: | \$50
- Student/ Fellow Member  
Year of Completion: \_\_\_\_\_ | Free

**VSR dues are 100% deductible as an ordinary business expense.**

**Return signed application to:**

VSR  
2821 Emerywood Parkway | Suite 200  
Richmond, Virginia 23294  
(804) 643-6631 | f. (804) 788-9987

Pay dues online! [www.VSRonline.org](http://www.VSRonline.org)

I would like to get involved with VSR by active participation in: \_\_\_\_\_

I hereby certify that the information given above is correct to the best of my knowledge.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_