



Vermont  
Medical  
Society  
"Not for  
ourselves do we  
labor."

## 2018 DUES STRUCTURE

REGULAR (Active*) MEMBERS	\$525.00
ASSOCIATE MEMBERS	\$100.00
AFFILIATE MEMBERS	\$200.00
PHYSICIAN ASSISTANT MEMBERS	\$262.50
RESIDENTS & STUDENT	\$0.00
LIFE MEMBERS	\$0.00

*(County dues are not included in the above dues price)*

### DISCOUNTS

Regular Active* members:	50% discount 1 <sup>st</sup> year of membership, for those members paying the full dues amount of \$525.00 25% discount 2 <sup>nd</sup> year of membership.
Physician Spouse:	25% discount for physician spouse (2 <sup>nd</sup> Membership)
Active member	\$30.00 discount if member dues paid by December 31 of the year first dues bill is received. Not applicable for new members.
Early Payment	

### MEMBER TYPES

#### Active:

Practicing Doctor of Medicine or Osteopathy has a Vermont License

#### Associate:

Physician who transfers out of state; retirees with a Vermont License;  
Former Member not currently in practice and not Vermont Licensed

#### Affiliate:

Physician who works outside of Vermont, but resides or has a Vermont License

#### Life:

Physician who has retired because of incapacity or disability with 10+ years as a member; or 70+ years old with 10+ years as a member\* Dues not required.

#### Physician Assistant Member:

A physician assistant who is licensed to practice in the state of Vermont.

### County Dues for Regular Members

Addison (AD)	5.00
Bennington (BE)	15.00
Caledonia (CA)	3.00
Chittenden (CH)	25.00
Franklin (FR)	60.00
Lamoille (LA)	3.00
Orleans (OL)	2.00
Rutland (RU)	20.00
Washington (WA)	25.00
Windham (WI)	5.00
Windsor (WS)	8.00

# Vermont Medical Society

## Application for Membership

Complete and return with appropriate membership fees (see back) to:  
Vermont Medical Society \* PO Box 1457 \* Montpelier, Vermont 05601

I. BIOGRAPHICAL DATA

1. Name \_\_\_\_\_  
Office Address \_\_\_\_\_  
Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ A.D. 18 \_\_\_\_\_ Cell or Pager \_\_\_\_\_
2. Preferred Method of Contact:  Email  Mail
3. For Mail or Roster Use:  Office Address  Home Address
4. Membership Type (see attached):  Active  Associate  Affiliate
5. Born on the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_
6. Are you licensed to practice Medicine in the State of Vermont?  Yes  No
7. Graduated Medical school in \_\_\_\_\_
8. Primary Specialty \_\_\_\_\_ Sub Specialty \_\_\_\_\_
9. If currently associated with Group or Clinic, state name of Organization:  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_