

West Virginia State Medical Association
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West Virginia
State Medical
Association

NEW MEMBER APPLICATION CREDIT CARD FORM

Credit Card Information (Please check your selection.)

- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS

Card Number: _____

Expiration Date (MO/YR): ____/____

CCID Code (Three-digit on reverse): _____

Address Associated with Card (Include Zip Code) _____

Would you like a receipt? (Y/N): _____

Amount to charge this card: \$ _____

Signature: _____

For a list of WVSMA Membership benefits, please visit our website at www.wvsma.org.