



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): _____
Home Address: _____ Home Phone: _____
Home City, State and Zip: _____ Home Fax: _____
Personal Email Address: _____

Member Office/Practice Information

Office/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

Over →

Please select your requested membership type:

- Physician Membership: Individuals possess a MD, DO, PhD, or other doctoral degree in Rheumatology Medicine | \$100
- VRAHPA Membership: Individuals whose primary employment is in the Rheumatology medical profession | \$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) 625-3851 | f. (804) 788-9987

Pay dues online! 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: _____