

Old Dominion Medical Society, Inc.
 State Chapter of the NMA

P.O. Box 74428
 N. Chesterfield, VA 23236
 804-675-7502 Office
 804-675-0600 Voice Mail
 815-346-5909 Fax

Component Societies of the ODMS.
 Alexander Medical Society
 Norfolk Medical Society
 Northern Virginia Medical Society
 Peninsula Medical Society
 Richmond Medical Society



Invoice Reminder

Date: October 2017

Terms: Payment due January 1, 2018

Email Address:

***Please provide your email address as we will be going paperless in 2018*

1.	Membership Dues: 2018	\$200.00
2.	Student Dues (\$25.00):	\$ _____
3.	“ODMS Scholarship Fund” Contribution	\$ _____
4.	Other: _____	\$ _____
Total of 1 – 4		\$ _____
Due by January 1, 2018		

Method of Payment:

Please make check payable to ODMS

Credit Card: MasterCard ___ Visa ___ Discover ___

Card Number: _____ Exp Date: _____

Name on Card: _____

Signature: _____

Annual Dues/Contributions Statement 2018

Personal Information (Please Print)

Name

Office
Address:

City _____ State _____
Zip _____

Phone (____) _____ Fax (____)

Email Address

Male _____ Female _____

Specialty

Sub-Specialty

Other Medical Society Memberships:

NMA _____ AMA _____ ODMS _____ MSV _____ RAM _____
Other _____

Personal (All information will be kept confidential. This information is being requested for special event mailings to your home)

Home Address

City _____ State _____
Zip _____

Phone (____) _____ Fax (____)

Name of Spouse

Name and ages of Children
