

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

email: info@odms.or
 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: January 2021

Terms: Payment due January 1, 2021

Email Address:

***Please provide your email address as we will be going paperless in 2021*

1.	Membership Dues: 2021	\$200.00
2.	Student Dues (\$25.00):	\$ _____
3.	“ODMS Scholarship Fund” Contribution	\$ _____
4.	Other: _____	\$ _____
Total of 1 – 4		\$ _____
Due by January 1, 2021		

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 2021

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
