Dear Retired Physician,

We want to personally thank you for continuing your membership with the Volusia County Medical Society (VCMS). Your service to our community and to the society is sincerely appreciated by all of us who follow in your footsteps.

Our "Hall of Famers" is an active group of physicians. Some are still active in practice; some active in charitable work; and some active on the golf course! Regardless of where your current passions reside, we look forward to your continuing role in the VCMS. Please join us as we work together to make 2019 the best year yet. If you have any questions, please feel free to reach out to us or contact your Executive Director, Sami Bay, (386) 255-3321 (talk or text) or email docs420@aol.com.

Yours in Medicine,

Andrew Gamenthaler, MD	Carrie Vey, MD
VCMS President	Membership Chair
(386) 274-0250	(386) 425-4167

Please complete the information below. Membership dues may be paid online at www.vcms.org or via check, mailed to the PO Box 9595, Daytona Beach, FL 32120. Checks should be made payable to VCMS. Please return your completed form so your records can be updated accordingly. Thank you.

About You

Name: **Specialty:** **FL Med. Lic. No.:**

Board Certified? Yes No

Home Address:

Home Phone: **Home Email:** **Mobile:**

May we text you? Yes No

Membership Category

Category	Annual Dues	Amount Enclosed/Paid
Retired Physician	**$60**	______________________
Optional FSU COM Student Sponsor	**$40**	______________________
TOTAL		______________________

☐ **My check is enclosed #________** ☐ **I paid by credit card** ☐ **My practice pays my dues**

General Updates and Information

May we share your personal information with OTHER VCMS members? Yes No

(personal information is never released without your permission and only to other members)

Spouse/Partner Name: **Are you a member of the FMA?** Yes No

Do you currently work/volunteer at a clinic? Yes No

If you answered yes to the above question, please tell us which one(s):______________________________