



Dear Renewing Member,

We want to personally thank you for continuing your membership with the Volusia County Medical Society (VCMS). We are convinced that being a member of this society will enhance your life, both personally and professionally. As physicians with years of training and experience practicing medicine, we all feel the mounting pressure from the current healthcare environment – regulations, legislation, EMR, value-based care, OSHA, HIPAA – the list can feel overwhelming!

But there is good news. There is power in numbers and numbers can yield influence and results. That's exactly why we're asking each of you to renew your membership with the VCMS. Renewed memberships give us the best chance of strengthening our voice in our county and at the state level. Additionally, closer to home, it strengthens us as a profession and as professionals.

We're working hard to make membership even more attractive for all members - especially younger physicians and those new to the area. Regardless of your dues level, we are 100% confident that your return on investment will far exceed the cost of membership.

Since 1949, and for decades before, the VMCS has helped physicians thrive. 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.

Together, we can enhance your success, our profession, and our community.

Yours in Medicine,

Andrew Gamenthaler, MD  
VCMS President  
(386) 274-0250

Carrie Vey, MD  
Membership Chair  
(386) 425-4167

# 2019 ACTIVE PHYSICIAN MEMBERSHIP RENEWAL Year Two

PO Box 9595, Daytona Beach, FL 32120 386.255.3321 [www.vcms.org](http://www.vcms.org)

Please review/update the information below. If information is missing, please fill in the blanks. Membership dues may be paid online at [www.vcms.org](http://www.vcms.org) or via check, mailed to the PO Box address above. Checks should be made payable to VCMS. Please return your completed form so your records can be updated accordingly. Thank you.

## About You Check here if all information is correct

Name: \_\_\_\_\_ Practice/Group Name: \_\_\_\_\_

Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

Board Certified? Yes No FL Med. Lic. No.: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Email: \_\_\_\_\_

Website: \_\_\_\_\_

Office Mgr Name: \_\_\_\_\_ Mgr. Email: \_\_\_\_\_ Mgr. Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ *May we text you?* Yes No

## Membership Category

| Category                         | Annual Dues | Amount Enclosed/Paid |
|----------------------------------|-------------|----------------------|
| Active Physician                 | \$400       | _____                |
| 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 have multiple locations? Yes No Do you accept Medicaid? Yes No

*Please circle all that apply:* Daytona Beach Daytona Beach Shores Deland Deltona Edgewater

New Smyrna Beach Ormond Beach Port Orange Orange City Other: \_\_\_\_\_