VCMS Membership Renewal

If you are a returning member, please take a minute to update your information. The Volusia County Medical Society sends monthly digital Newsletters and bi-annual Journals throughout the year. If you are not receiving these and would like to, please ensure we have a current email address on file. Cell numbers are not made public, but a great way to receive upcoming VCMS event and meeting details.

Personal Information (not published):
Physician Name: _____ MD / DO
Medical License Number: _____ NPI:_____
Office Number: _____ Cell:_____ May we text? Yes / No
Preferred Mailing Address: _____
City:_____ Zip:_____
Personal Email: _____(not made public)

Online Directory Listing (will be published):
Physician Name: _____ MD / DO
Board Certification(s): _____
Business Name: _____
Address: _____City:_____
Business Phone: _____Email: _____
Office Manager Name: _____
Phone: _____Email:_____

Check all that apply:
_____ I have moved my office or changed my email address and updating my information (above)
_____ I would like to update my office manager as a point of contact (above)
_____ I would like to receive text messages on upcoming events # _____
_____ I am interested in becoming a Delegate for VCMS to represent our County at the legislative level

If you are an active member and are ***not*** currently receiving digital Journals and Newsletters via email, please add vcmedsociety@gmail.com to your email contacts and let us add you to our distribution list. Cell numbers are also an effective way to receive information on VCMS events and meetings throughout the year and are not made public.

I am enclosing:
_____ $400 for Member renewal dues or returning Members
_____ $120 Retired Member dues
_____ $60 FSU Med Student Sponsorship Donation
_____ $_____ donation for the ***VCMS Educational Foundation Student Scholarship Fund***
donations are tax deductible tax ID 83-2380441

Thank you for your support and we hope to see you at the upcoming events!