



SOUTH ISLAND MSA AND VICTORIA MEDICAL SOCIETY

2024 DUES NOTIFICATION

**For members of the Medical Staff,
dues for the MSA (60%) and VMS (40%) are collected jointly.**

Thank you for your ongoing support of these important organizations.

The **South Island MSA** supports and advocates for medical professionals at Royal Jubilee Hospital and Victoria General Hospital. We leverage \$500,000 in annual funding through the Facility Engagement Initiative to support and fund physician-led Engagement Projects, learning and networking events, as well as Medical Staff and community meetings. In 2023, more than 61% of our 1,200 members had become involved in our work. This year, the Executive will focus on Medical Staff advocacy related to the IHealth CPOE activation and workplace improvements stemming from the Doctors of BC Health Authority Engagement Survey. Annual dues support your Executive's leadership time.

The **Victoria Medical Society** has been providing services and assistance to the local medical community and the general public for over 100 years. Traditional events, such as the Listerian Oration and the Island Medical Program Student Welcome Dinner, bring together members of our community in celebration and recognition. The Pemberton Operating Room is being restored as a medical history museum. Annual dues support the Society's work.

Registration and payment may be made:

- Online at <https://www.victoriamedicalsociety.org/product/msa-member-dues/>
- By mail or fax using the form on reverse

Registrations received by Feb 29, 2024 will be entered in a draw to receive one of three \$50 restaurant gift certificates.



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2024 DUES AND REGISTRATION FORM

NAME:

FULL ADDRESS:

PREFERRED EMAIL:

for use only by Executive and delegates for priority communications

PRIVILEGE

- Active..... \$ 250
- Associate..... \$ 250
- Provisional..... \$ 175
- Locum Tenens..... \$ 180 (pro rated)
- Leave of Absence > 6 months..... \$ 100
- Joining after July 1, 2023 (new members only)... \$ 100
- Consulting..... \$ -
- Scientific and Research..... \$ -
- Clinical Fellow..... \$ -
- Temporary..... \$ -

VISA MASTERCARD

Please fill in credit card number and sign below

EXPIRY DATE

CVV#



AUTHORIZED SIGNATURE _____

Please send your form and payment:

By mail to South Island MSA, 190-2334 Trent St, Victoria, BC, V8R 4Z3
or by fax to 250-598-6010