

Application Code: _____

State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org

- ☐ I am in my first year of practice post-residency.
☐ I am in my second year of practice post-residency.
☐ I am in my third year of practice post-residency.
☐ I have moved into Michigan; this is my first year practicing in the state.

- ☐ I work 20 hours or less per week.
☐ I am currently in active military duty.
☐ I am in full, active practice.
☐ I am a resident/fellow.

☐ Male ☐ Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ ☐ MD ☐ DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

Office Address ☐ Preferred Mail ☐ Preferred Bill ☐ Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address ☐ Preferred Mail ☐ Preferred Bill ☐ Preferred Mail and Bill

City: _____ State: _____ Zip: _____

*Please base my county medical society membership on the county of my (if addresses are in different counties): ☐ Office Address ☐ Home Address

*Birth Date: ____ / ____ / ____ Birth Country _____ MI Medical License #: _____ ME #: _____

Medical School _____ Graduation Year: _____ ECFMG # (if applicable) _____

Residency Program _____ Program Completion Year _____

Fellowship Program _____ Program Completion Year _____

Hospital Affiliation _____

• Primary Specialty _____ Board Certified: ☐ Yes ☐ No

• Secondary Specialty _____ Board Certified: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: ☐ Yes ☐ No If yes, are they a member of MSMS?: ☐ Yes ☐ No

Within the last five years, have you been convicted of a felony crime?: ☐ Yes ☐ No If "yes," please provide full information: _____

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?: ☐ Yes ☐ No

If "yes," please provide full information: _____

I agree to support the County Medical Society Constitution and Bylaws, the Michigan State Medical Society Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date: _____