

I wish to participate in Rhode Island's physician community!

RIMS is a vehicle of support for local physicians, which we prove through our advocacy, professionalism, and drive for the advancement of health care. We are a

Society that is run by and for doctors, and at 204 years old we remain a ready vehicle for effective leadership in the practice of medicine.



"It is better to have a seat at the table than to be on the menu..."
Diane Siedlecki, MD,
internal medicine

Your first step is completing this RIMS Membership Application

Full name _____

Degree(s) _____

Date of birth _____

Male _____ Female _____

Primary e-mail address

(RIMS' monthly RI Medical Journal is an electronic publication only; please share your preferred e-mail address)

Primary office address

Primary office telephone _____

Primary office fax _____

Secondary office address

Secondary office telephone _____

Secondary office fax _____

Home address

Home telephone _____

Cell phone _____

Preferred mailing address

All mail to: office home **or**

please indicate address for each of the following:

Membership dues billing: office home

Non-dues mailings (includes newsletters, annual directory of members, etc.): office home

Many patients call RIMS looking for a new doctor.
Do you want RIMS to refer such callers to you?

yes no

Medical school _____

Graduation year _____

Primary specialty _____

Board certified? yes no

Secondary specialty _____

Board certified? yes no

Membership categories

Full Active (\$550)

First year of practice (\$130)

Second year of practice (\$130)

Third year of practice (\$240)

Fourth year of practice (\$340)

Spousal discount (\$315 for second RIMS member)

Part time (20 hours or less per week) (\$315)

Resident/fellow (\$55)

Military (Active Duty) (No charge)

Lifetime (Retired for 5+ Years) (\$240)

Physician assistant (\$65)

Affiliate (\$65)

Retired (\$65)

Medical student (No charge)

PA student (No charge for RIAPA Members)

A check in the amount of \$_____ is included.
Please make checks payable to "RI Medical Society".
Mail to: 405 Promenade St. Ste. A, Providence, RI 02908

Credit Card Payment: VISA MC AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Address: office home