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 ($575)*
☐ *First year of practice ($135)*
☐ *Second year of practice ($135)*
☐ *Third year of practice ($250)*
☐ *Fourth year of practice ($360)*
☐ *Spousal discount ($330 for second RIMS member)*
☐ *Part time (20 hours or less per week) ($330)*
☐ *Resident/fellow ($60)*
☐ *Military (Active Duty) (No charge)*
☐ *Lifetime (Retired for 5+ Years) ($250)*
☐ *Physician assistant ($70)*
☐ *Affiliate ($70)*
☐ *Retired ($70)*
☐ *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

Email Application