



Saginaw County Medical Society
Resident Membership Application ♦ June 30, 2016

I, _____ hereby apply for membership in the SAGINAW COUNTY MEDICAL SOCIETY, component of the MICHIGAN STATE MEDICAL SOCIETY. I agree to supports its Constitution and Bylaws, the MSMS Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

[] Hospital Name _____
Hospital Address _____ Zip _____
Phone (989) _____ Fax (989) _____ Email _____

[] Home Address _____ Zip _____
Phone/Cell with area code _____ Email _____

✓ Please check address to which you want SCMS/MSMS mail delivered.

Sex [] Male [] Female Maiden Name _____

Date of Birth: Month ___ Day ___ Year _____ Place of Birth _____

Marital Status _____ Spouse's Name _____

Education

College/University _____ Year Graduated _____ Degree _____

Medical School _____ State/Country _____ Year Graduated _____

Residency/Fellowship

Current Hospital _____ City _____ Specialty _____ From _____ to _____

Previous Hospital _____ City _____ Specialty _____ From _____ to _____

Previous Hospital _____ City _____ Specialty _____ From _____ to _____

Anticipated Date of Completion? _____

If a graduate of a foreign medical school, please include your ECFMG # _____

Year licensed in Michigan _____ Michigan License Number _____

Have you completed a residency training program in another specialty? [] Yes [] No

If yes, what? _____

Have you ever been denied licensure? [] Yes [] No If yes, please explain: _____

Have you ever been expelled from or had your contract revoked by a hospital or residency program? [] Yes [] No

If yes, please explain: _____

MILITARY SERVICE

Branch _____ From _____ to _____

Signature of Applicant _____ Date _____

Sponsor _____