



## Saginaw County Medical Society Resident Membership Application

Available online at [www.SaginawCountyMS.com](http://www.SaginawCountyMS.com) under the Membership tab

I, \_\_\_\_\_ ☐ MD ☐ DO (check one) 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.

Residency Program (check one) ☐ EM ☐ FM ☐ IM ☐ Ob/Gyn ☐ Psychiatry

Email \_\_\_\_\_ (required)

Home Address \_\_\_\_\_ City \_\_\_\_\_, MI Zip \_\_\_\_\_

Phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex ☐ Male ☐ Female Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

### Education

College/University \_\_\_\_\_ Year Graduated \_\_\_\_\_ Degree \_\_\_\_\_

Medical School \_\_\_\_\_ State/Country \_\_\_\_\_ Year Graduated \_\_\_\_\_

### Previous Residency/Fellowship

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 (Residency Program Director) \_\_\_\_\_, MD

**PLEASE COMPLETE AND RETURN TO [jmcramer@sbcglobal.net](mailto:jmcramer@sbcglobal.net)**

**Saginaw County Medical Society • 350 St. Andrews Road, Suite 242 • Saginaw, Michigan 48638-5988**

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