



**RHODE ISLAND MEDICAL SOCIETY**  
 405 PROMENADE STREET, SUITE A  
 PROVIDENCE RI 02908-4811  
 401-331-3207

## RIMS MEMBERSHIP APPLICATION

**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. For more than 200 years, we have been a Society that has been run by and for doctors, and 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 R. Siedlecki, MD  
 RIMS PRESIDENT 2008–2009

Full name .....

Degree(s) .....

Date of birth .....

Male  Female

Medical school .....

Graduation year .....

Primary specialty .....

Board certified  Yes  No

Secondary specialty .....

Board certified  Yes  No

**Primary email** .....

Email necessary to receive *RI Medical Journal*, *RIMS Notes*, and other publications

**Primary Office**

Street address .....

City, State, Zip .....

Phone .....

Fax .....

**Secondary Office**

Street address .....

City, State, Zip .....

Phone .....

Fax .....

**Residence**

Street address .....

City, State, Zip .....

Home phone .....

Mobile .....

**Preferred mailing address**

Dues billing  Office  Residence

Non-dues mail  Office  Residence

**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: **\$330** (20 hours or less per week)
- Resident/Fellow: **\$75**
- Active Duty Military: **No charge**
- Physician assistant: **\$75**
- Affiliate: **\$75**
- Medical student: **No charge**
- PA student: **No charge** (for RIAPA members)

**RODEO – Retired Old Doctors Eating Out**  
 Included with any retirement membership

- Lifetime: **\$250** (Retired for 5+ years)
- Retired: **\$75**



**Payment method**

Pay dues amount: .....

- Check payable to "Rhode Island Medical Society"  
 Print this form, enclose it with your check, and mail it to RIMS.
- Pay by credit card: VISA, Mastercard, American Express

Number .....

Expiration Date .....

Name on Credit Card .....

Billing Street Address .....

Billing City, State, Zip .....

Billing Phone .....