



Medical Society Membership Application



I, _____, MD DO hereby apply for membership in the SAGINAW COUNTY MEDICAL SOCIETY, component of the MICHIGAN STATE MEDICAL SOCIETY. I agree to support 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.

Office Address _____ Zip _____
Phone _____ Fax _____ Email _____
Practice Name _____

Home Address _____ Zip _____
Phone _____ Email _____

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

Maiden Name _____

Date of Birth ____/____/____ Place of Birth _____

Sex Male Female Marital Status _____ Spouse's Name _____

Hospital Affiliation 1 _____ 2 _____ 3 _____

NPI Number _____

*** PLEASE ATTACH A CURRENT CV ***

Year licensed in Michigan _____ Michigan License Number _____

Has your medical license ever been suspended? Yes No *If yes, please attach separate sheet giving details

***Have you ever been dropped, expelled or suspended from any local, state or national medical society? Yes No**

SPECIALTY	Year Board Certified	Board Eligible
Primary _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Date _____	
Signature of Applicant		

A CURRENT CV MUST BE SUBMITTED WITH APPLICATION

"I have contacted the following two SCMS members who have agreed to act as my sponsors and provide references if requested."

1. _____

2. _____

**When completed, please email Application and current CV to
Joan M. Cramer, Executive Director, at jmcramer@saginawcountymys.com
Please request confirmation of receipt.**

Saginaw County Medical Society
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www.SaginawCountyMS.com