



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

860 WINTER STREET, WALTHAM, MA 02451-1411

TEL (781) 893-4610 (781) 893-2105 FAX

TOLL-FREE (800) 322-2303

WWW.MASSMED.ORG

RESIDENT/FELLOW APPLICATION FOR MEMBERSHIP (For practicing physician or student applications, contact the MMS or join online at www.massmed.org.)

Please type or print clearly.

DATE _____

NAME _____ MD DO OTHER
FIRST MIDDLE LAST

E-MAIL _____ HOME OFFICE FAX _____ HOME OFFICE

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____

PREFERRED MAILING ADDRESS HOME OFFICE (Complete mailing address required.) PREFERRED BILLING ADDRESS HOME OFFICE

BIRTH DATE ____/____/____ MALE FEMALE NPI NUMBER _____

SPOUSE NAME _____ MD DO

Residents and Fellows — FREE Group Membership Option

Residents and fellows become MMS members FREE of charge when all of the residents/fellows within an accredited residency training program enroll. Ask your resident program director or chief resident to contact groups@massmed.org or (781) 434-7323.

Has your application for membership in a medical society ever been disapproved, or have you ever been suspended or expelled from membership in a medical society?

YES NO

Has your license to practice medicine in any state ever been revoked or suspended?

YES NO

Have you ever been convicted of a felony? YES NO

If answer is yes to any of these, please send details in a separate letter.

Please refer to the enclosed dues structure. The Massachusetts Medical Society membership year runs from January 1 to December 31.

1 \$90.00 FOR 3 YEARS (3 Years of District Dues Where Applicable) \$40.00 FOR 1 YEAR
ENTER STATE DUES TOTAL \$ _____

2 SELECT DISTRICT OPTION FROM ENCLOSED SHEET. _____
 If Hampden district, check here and enter zero in Step #3.

3 MULTIPLY DISTRICT AMOUNT IN #2 BY NUMBER OF YEARS SELECTED IN #1.
ENTER DISTRICT DUES TOTAL \$ _____

4 AMA DUES (Strongly encouraged) \$45 FOR 1 YEAR \$120 FOR 3 YEARS

5 TOTAL DUES ENCLOSED \$ _____

DISTRICT NAME _____

I WORK RESIDE IN THIS DISTRICT.

IMPORTANT: Membership in a district medical society is a requirement of membership in the MMS. See the enclosure for more information. Please note that the Hampden district bills separately for district dues.

PAYMENT OPTIONS: CHARGE MY CREDIT CARD BELOW CHECK ENCLOSED (Make payable to Massachusetts Medical Society or MMS.)
 VISA MASTERCARD AMERICAN EXPRESS

CARD NO. _____ EXPIRATION DATE ____/____/____

I certify that all of the above statements are true. I agree to comply with the Bylaws and Code of Ethics of the Massachusetts Medical Society.

SIGNATURE _____ PLEASE PRINT NAME _____

RECRUITED BY _____

(Please complete side two.)

AMA MEDICAL EDUCATION NUMBER _____

SPECIALTY _____

MASSACHUSETTS LICENSE NUMBER _____ DATE INITIALLY RECEIVED ____/____/____

MEDICAL SCHOOL GRADUATION _____

CITY _____ STATE _____ COUNTRY _____

YEAR GRADUATED _____

ADDRESS OF INSTITUTION _____

DEGREES (Please list all postgraduate educational degrees and designations.) _____

CURRENT STATUS PRELIMINARY YEAR (if applicable) RESIDENT FELLOW

TRAINING (List hospital name and address.)

PRELIMINARY YEAR (if applicable) RESIDENCY FELLOWSHIP

PROGRAM NAME (specialty) _____

HOSPITAL _____ CITY _____ STATE _____

BEGIN DATE ____/____/____ COMPLETION DATE ____/____/____

RESIDENCY FELLOWSHIP

PROGRAM NAME (specialty) _____

HOSPITAL _____ CITY _____ STATE _____

BEGIN DATE ____/____/____ COMPLETION DATE ____/____/____

RESIDENCY FELLOWSHIP

PROGRAM NAME (specialty) _____

HOSPITAL _____ CITY _____ STATE _____

BEGIN DATE ____/____/____ COMPLETION DATE ____/____/____

SIGN ME UP TODAY FOR THE FOLLOWING ELECTRONIC NEWSLETTERS:

- Vital Signs This Week** — MMS news and events, plus local and national health care news
- CME Program Calendar** — Upcoming MMS continuing medical education programs
- MMS Flu Advisories** — Information on the availability of flu vaccines, clinics, and other flu-related news
- Health Advisories** — Bioterrorism preparedness notices, DPH advisories, and more
- Health IT Briefs** — Summarize eHealth news from around the country
- MMS PayerWatch** — News about health plans, insurers, and other health authorities
- Professional Liability Bulletin** — Updates on local and national insurance-related reform efforts
- Arts Member Interest Network (MIN) Announcements** — Notices of MMS-sponsored programs and events
- Public Health Alerts** — Links and information about public health issues from leading health authorities

TO JOIN THE MMS ONLINE, GO TO WWW.MASSMED.ORG/JOIN_RESIDENT.

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FOR SOCIETY USE ONLY

THIS APPLICATION HAS BEEN APPROVED ON _____ BY THE _____ DISTRICT MEDICAL SOCIETY.

SIGNED _____