



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

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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/join](http://www.massmed.org/join).)

Please type or print clearly.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ ☐ MD ☐ DO ☐ OTHER  
FIRST MIDDLE LAST

EMAIL \_\_\_\_\_ ☐ 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](mailto:groups@massmed.org) or (781) 434-7748.

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Has your license to practice medicine in any state ever been revoked or suspended?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

The Massachusetts Medical Society membership year runs from January 1 to December 31. For more information about our dues structure, visit [www.massmed.org](http://www.massmed.org).

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. \_\_\_\_\_

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. District medical society information is detailed at [www.massmed.org](http://www.massmed.org).

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](http://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 \_\_\_\_\_