



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

860 WINTER STREET, WALTHAM, MA 02451-1411

TEL (781) 893-4610 (781) 893-0413 FAX

TOLL-FREE (800) 322-2303

WWW.MASSMED.ORG

PRACTICING PHYSICIAN APPLICATION FOR STATE AND DISTRICT MEMBERSHIP

Join online at www.massmed.org/join

Please type or print clearly.

DATE _____

NAME _____ [] MD [] DO [] OTHER
FIRST MIDDLE LAST

EMAIL _____ FAX _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____ MOBILE 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

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Has your license to practice medicine in any state ever been revoked or suspended?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

Significant Discounts Are Available for Medical Group and Multiyear Individual Membership

Discounts ranging from 5% to 30% are available to medical groups of five or more physicians OR individual members who enroll in one of the multiyear options below. Please contact mmsprocessing@mms.org or (800) 322-2303, ext. 7748 with questions.

*District dues apply (see back panel).

The Massachusetts Medical Society membership year runs from January 1 to December 31, and encompasses State and District Medical Society Dues. The \$100 introductory dues rate includes your state and district medical society dues for the first year of MMS membership. Standard annual state medical society dues are \$300. Standard annual district medical society dues range between \$25 and \$200 annually (see back panel). Membership in a district medical society is a requirement for membership in the MMS. For more information, visit www.massmed.org/dues.

1 [] \$100 FOR 1 YEAR (Introductory Rate) [] \$380 FOR 2 YEARS [] \$630 FOR 3 YEARS [] \$1,040 FOR 5 YEARS [] \$1,960 FOR 10 YEARS

[] \$50 FOR 1 YEAR part-time membership (50% discount on state dues for eligible in-state physicians who practice 20 or fewer hours per week)

ENTER STATE DUES TOTAL \$ _____

2 DISTRICT (see back panel) _____ DUES \$ _____ I [] WORK [] RESIDE IN THIS DISTRICT.

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

4 TOTAL DUES ENCLOSED \$ _____

PAYMENT OPTIONS: [] ONLINE AT WWW.MASSMED.ORG/JOIN [] CHECK ENCLOSED (Make payable to Massachusetts Medical Society or MMS)

CHARGE MY CREDIT CARD: [] 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 _____

Signed application should be returned to: **Membership Services**
Massachusetts Medical Society
P.O. Box 650487
Dallas, TX 75265-0487

Questions?
Email mmsprocessing@mms.org or
call (800) 322-2303, ext. 7495

AMA MEDICAL EDUCATION NUMBER _____

SPECIALTY _____

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

MEDICAL SCHOOL OF GRADUATION _____

CITY _____ STATE _____ COUNTRY _____

YEAR GRADUATED _____

ADDRESS OF INSTITUTION _____

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

TRAINING (List hospital name and address.)

PRELIMINARY YEAR/INTERNSHIP (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 (www.massmed.org/newsletters)

- Vital Signs This Week** — MMS news and events, plus local and national health care news
- MMS Continuing Education Update** — Upcoming MMS educational events, online continuing medical education courses, and more
- PPRC Practice Pulse** — Up-to-date information on important practice-related issues and tools to help you manage your practice
- MMS Media Watch** — Local, national, and international health care news and commentary
- MMS ARRA Advisor** — Information about the federal guidelines, EMR adoption, Health Information Technology, and more
- MMS Health Policy Watch** — Research studies and projects on health care policy issues locally and nationally
- MMS Flu Advisories** — Information on the availability of flu vaccines and clinics, and other flu-related news

FOR SOCIETY USE ONLY

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

SIGNED _____

STANDARD ANNUAL DISTRICT MEDICAL SOCIETY DUES

Barnstable \$50	Bristol South \$50	Essex South \$110	Hampshire \$85	Middlesex North \$125	Norfolk South \$80	Worcester \$185
Berkshire \$100	Charles River \$75	Franklin \$105	Middlesex \$75	Middlesex West \$25	Plymouth \$50	Worcester North \$75
Bristol North \$65	Essex North \$50	Hampden \$200	Middlesex Central \$75	Norfolk \$30	Suffolk \$50	