



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

(For resident or student applications, contact the MMS or 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 _____

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

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

SPOUSE NAME _____ [] MD [] DO

Dues discounts ranging from 5 to 30% are available to individual members and groups of five or more physicians. Individual Physicians: see our multiyear options below. Groups: contact groups@massmed.org or (800) 322-2303, ext. 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Has your license to practice medicine in any state ever been revoked or suspended?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. Please select the term desired and amount to pay. You must include the state and a district item in the total dues paid. For more information about our dues structure, visit www.massmed.org.

- 1 [] \$100.00 FOR 1 YEAR (Introductory Rate) [] \$380.00 FOR 2 YEARS
[] \$630.00 FOR 3 YEARS [] \$1,040.00 FOR 5 YEARS [] \$1,960.00 FOR 10 YEARS
[] \$50.00 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 SELECT DISTRICT OPTION FROM ENCLOSED SHEET. _____

I [] WORK [] RESIDE IN THIS DISTRICT.

- 3 MULTIPLY DISTRICT AMOUNT IN #2 BY NUMBER OF YEARS SELECTED IN #1.

ENTER DISTRICT DUES TOTAL \$ _____

- 4 AMA DUES \$420.00 (Strongly encouraged)\$ _____

NOTE: AMA 1st and 2nd year in practice discounts are available.

- 5 TOTAL DUES ENCLOSED\$ _____

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.

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 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:

- ☐ **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 Payer Watch** — News about health plans, insurers, and other health authorities
- ☐ **Professional Liability Bulletin** — Updates on local and national insurance-related reform efforts
- ☐ **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_PHYSICIAN.

.....
FOR SOCIETY USE ONLY

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

SIGNED _____

phy0512