



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

RESIDENT/FELLOW APPLICATION FOR MEMBERSHIP

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Has your license to practice medicine in any state ever been revoked or suspended?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

Residency and Fellowship Training Program Receives FREE Group Membership

Residents and Fellows become MMS members FREE of charge when all of the Residents and Fellows within an accredited residency training program enroll as a group. Ask your Program Director or Chief Resident to contact groups@massmed.org or (800) 322-2303, ext. 7748.

*District dues may 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. Standard annual state medical society dues are \$40. Standard annual district medical society dues may be up to \$30 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 [] \$90 FOR 3 YEARS (3 Years of District Dues Where Applicable) [] \$40 FOR 1 YEAR 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 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:

(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 and tools on important practice-related issues
- 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

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FOR SOCIETY USE ONLY

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

SIGNED _____

STANDARD ANNUAL DISTRICT MEDICAL SOCIETY DUES

Barnstable <i>None</i>	Bristol South <i>None</i>	Essex South <i>None</i>	Hampshire <i>None</i>	Middlesex North \$25	Norfolk South \$20	Worcester \$30
Berkshire <i>None</i>	Charles River <i>None</i>	Franklin <i>None</i>	Middlesex <i>None</i>	Middlesex West <i>None</i>	Plymouth <i>None</i>	Worcester North <i>None</i>
Bristol North <i>None</i>	Essex North <i>None</i>	Hampden <i>None</i>	Middlesex Central <i>None</i>	Norfolk \$10	Suffolk \$10	