



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

860 WINTER STREET, WALTHAM, MA 02451-1411

TEL (781) 893-4610

WWW.MASSMED.ORG

PRACTICING PHYSICIAN APPLICATION FOR STATE AND DISTRICT MEMBERSHIP

To join online, visit www.massmed.org/getstarted

Please type or print clearly.

DATE _____

NAME _____ [] MD [] DO
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 [] PREFER NOT TO IDENTIFY 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Has your license to practice medicine in any state ever been revoked or suspended?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 the answer is yes to any of these, please send details in a separate letter.

Significant Discounts Are Available for Medical Groups

Discounts are available to medical groups of five or more physicians. Please contact groups@mms.org or call (781) 434-7143 to learn more about group enrollment options and pricing.

The Massachusetts Medical Society membership year runs from January 1 to December 31 and encompasses state and district medical society dues. The \$200 introductory state dues rate is for the first year of MMS membership. Standard annual state physician dues are \$450. Membership in a district medical society is required. Standard annual district dues range between \$50 and \$200 annually (see back panel): Saves on dues with a multiyear membership. For more information, visit www.massmed.org/dues.

1 [] \$200 FOR 1 YEAR (Introductory rate) [] \$627.50 FOR 2 YEARS [] \$1,010 FOR 3 YEARS [] \$1,640 FOR 5 YEARS [] \$3,035 FOR 10 YEARS

[] \$200 FOR 1 YEAR CHC PHYSICIANS (Physicians whose primary place of employment is a community health center recognized by the Massachusetts League of Community Health Centers)

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 MASSMED.ORG/JOIN [] CHECK ENCLOSED (Make payable to Massachusetts Medical Society or MMS.)

CHARGE MY CREDIT CARD: [] VISA [] MASTERCARD [] AMERICAN EXPRESS

CARD NO. _____ CSV CODE _____ EXPIRATION DATE ____/____/____

I certify that all of the above statements are true. I agree to comply with the MMS Code of Ethics (www.massmed.org/codeofethics).

SIGNATURE _____ PLEASE PRINT NAME _____

RECRUITED BY _____

Signed application should be returned to: MMS Membership Processing
860 Winter Street
Waltham, MA 02451-1411

Questions?
Email mmsprocessing@mms.org or
call (617) 841-2925

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)

MMS Continuing Education Update — Upcoming MMS educational events, online continuing medical education courses, and more

MMS Media Watch — Local, national, and international health care news and commentary

STANDARD ANNUAL DISTRICT MEDICAL SOCIETY DUES

Barnstable \$50	Bristol South \$50	Essex South \$110	Hampshire \$95	Middlesex North \$125	Norfolk South \$85	Worcester \$185*
Berkshire \$100	Charles River \$75	Franklin \$110	Middlesex \$75	Middlesex West \$100	Plymouth \$75	Worcester North \$75
Bristol North \$70	Essex North \$50	Hampden \$200*	Middlesex Central \$75	Norfolk \$50	Suffolk \$50	

*Introductory district dues: Hampden \$100 and Worcester \$100.

FOR SOCIETY USE ONLY

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

SIGNED _____