



Mecklenburg County Medical Society

Membership Application

Complete this form and submit by fax to 704-376-3173, or mail to MCMS, 1112 Harding Place, Suite 100, Charlotte, NC 28204, or scan and email to ssmith@meckmed.org. List only specialties recognized by the American Board of Medical Specialists or AOA.

MEMBERSHIP DUES:	MD/DO	Active Membership	\$300	First Year Post-Residency	\$150
	PA	Dual MCMS/MAPA	\$100	MCMS Only	\$105

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____ MD/DO PA
 Gender: Male Female Date of Birth: ____/____/____
 Spouse/Life Partner's Name: _____

MAILING INFORMATION

Practice/Group Name _____
 Primary Specialty _____ Secondary Specialty _____
 Office Address _____
 Office Phone _____ Office Fax _____
 Office Email _____ Office Website _____
 Home Address _____
 Home Phone: _____ Alternate Phone _____

EDUCATION

Medical School _____ Date of Graduation _____
 Internship _____ Year Completed _____
 Residency _____ Year Completed _____
 Fellowship _____ Year Completed _____

BOARD CERTIFICATIONS

1. Certified by the American Board of _____ Year _____
2. Certified by the American Board of _____ Year _____

If approved by the MCMS Board of Directors for membership, I agree without reservation to conduct myself professionally and personally according to the principles of the medical ethics of the American Medical Association and to be governed by the Constitution and Bylaws of the Mecklenburg County Medical Society.

_____ Signature _____ Date _____

For Office Use Only:
 Reviewed by _____
 Mecklenburg County Medical Society Secretary

_____ Date _____

Date Approved by MCMS Board of Directors _____

_____ MCMS Executive Director