



Mecklenburg County Medical Society

1112 Harding Place, #200 • Charlotte, NC 28204 • 704-376-3688 • FAX 704-376-3173 • meckmed@meckmed.org

Physician 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 print and scan and email to meckmed@meckmed.org. List only specialties recognized by the American Board of Medical Specialists or AOA. List your other qualifications and certifications on a separate sheet. Send your headshot in jpeg format to meckmed@meckmed.org to be included in the monthly magazine.

MEMBERSHIP DUES: Active Membership	\$300 full year	\$300 Jan-Jun; \$150 Jul-Dec
First Year Post-Residency	\$150 full year	\$150 Jan-Jun; \$75 Jun-Dec

Full Name _____ Degree _____ DOB ____/____/____

Practice Name _____ Date Began _____

Practice Address _____ City _____ Zip _____

Practice Phone _____ Fax _____

Email _____ Secondary Email _____

Home Address _____ City _____ Zip _____

Primary Phone _____

Spouse/Life Partner's Name _____ Degree _____

Primary Specialty _____ Board Certified: Y N

Secondary Specialty _____ Board Certified: Y N

Medical School _____ Year Graduated _____

Internship (Institution/Year) _____

Residency (Institution/Year) _____

Residency/Fellowship (Institution/Year) _____

NC Medical Board License Number _____ Date Issued _____

Second Language _____

Other Languages _____

Special medical interests or practice focus _____

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.

Signed _____

Date _____

For Office Use Only:

Reviewed by _____

Date _____

Mecklenburg County Medical Society Secretary

Date Approved by MCMS Board of Directors _____

_____ MCMS Executive Director