



New Member Application

Active Membership Dues

- MD/DO - \$300
- PA - \$125
- Resident/Fellow - \$50
- Emeritus/Retired MD/DO - \$50

_____ MD ___ DO ___ PA ___
 First Name Middle Initial Last Name Suffix

Gender _____ Date of Birth _____ Spouse/Life Partner's Name _____

Home Address _____

Preferred Phone _____ Preferred Email _____

PRACTICE/GROUP INFORMATION

Practice Name _____

Practice Address _____

Primary Specialty _____ Secondary _____

EDUCATION

Medical School _____ Grad Date _____

Internship _____ Year Completed _____

Residency _____ Year Completed _____

Fellowship _____ Year Completed _____

BOARD CERTIFICATIONS

Certified by the American Board of _____ Year _____

Certified by the American Board of _____ Year _____

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 _____

Or, scan this QR code to join online with a credit card.



Complete this form and email to eedwards@meckmed.org, submit by fax to 704-376-3173, or mail with your check to MCMS at 801 E Morehead Street, Suite 110, Charlotte, NC 28202. List only specialties recognized by the American Board of Medical Specialists or AOA.

MCMS dues are deductible as an ordinary and necessary business expense, not as a charitable contribution.