



Mecklenburg County
Medical Society

Membership Renewal

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

_____ City State Zip
Home Address

Preferred Phone Preferred Email

PRACTICE/GROUP INFORMATION

Practice Name

_____ City State Zip
Practice Address

Secondary Email

Active Membership Dues

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

I would like to make a donation to support the Medical Society. \$ _____

TOTAL: \$ _____

Pay by Check:

Please make check payable to 'Mecklenburg County Medical Society'.

Include a copy of this renewal form with your payment and mail to:

Mecklenburg County Medical Society
801 E Morehead St, Ste 110
Charlotte, NC 28202

Or, scan this QR code to
renew your membership
online with a credit card.



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