



# NEW HANOVER-PENDER COUNTY MEDICAL SOCIETY

5305 Wrightsville Avenue, Suite D Wilmington, NC 28403 910-790-5800

## PHYSICIAN ASSISTANT MEMBERSHIP APPLICATION

Full (No Initials) Name/Title \_\_\_\_\_ Sex \_\_\_\_\_

Practice Name/Address/Telephone/Fax/E-mail (REQUIRED) \_\_\_\_\_

Home Address/Telephone/Fax/E-mail (REQUIRED) \_\_\_\_\_

Place of Birth \_\_\_\_\_

Birth Date \_\_\_\_\_ Spouse's Name/Title \_\_\_\_\_

Post High School Education and Years \_\_\_\_\_

NCMB License Number and Issue Date \_\_\_\_\_

I am now a Physician Assistant for \_\_\_\_\_, MD or DO

I hereby apply for membership in the New Hanover-Pender County Medical Society. If elected to membership, I agree to conduct myself, professionally and personally, according to the Principles of Medical Ethics and to be governed by the Constitution and Bylaws of the New Hanover-Pender County Medical Society.

Signed \_\_\_\_\_, PA-C Date \_\_\_\_\_

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I am a member of the New Hanover-Pender County Medical Society. I recommend and sponsor

Name of Applicant \_\_\_\_\_

for Physician Assistant membership in the NH-PCMS.

Signed \_\_\_\_\_, MD or DO Date \_\_\_\_\_

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We, the undersigned censors, have carefully reviewed this application and the applicant's curriculum vitae and recommend:

Censor 1 APPROVAL/REJECTION \_\_\_\_\_, MD or DO

Censor 2 APPROVAL/REJECTION \_\_\_\_\_, MD or DO

Censor 3 APPROVAL/REJECTION \_\_\_\_\_, MD or DO

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Applicant elected to membership on \_\_\_\_\_

Signature and Title: \_\_\_\_\_, Executive Director

New Hanover-Pender County Medical Society