APPLICATION FOR NEW HANOVER-PENDER AND/OR NORTH CAROLINA MEDICAL SOCIETY MEMBERSHIP

This form is designed to provide uniform information on applicants seeking membership and for the permanent records of the Component (County) and State Societies.

I HEREBY APPLY FOR MEMBERSHIP IN THE FOLLOWING: ☐ COUNTY ☐ STATE (ONE MAY APPLY FOR EITHER OR BOTH.)			PRIMARY SPECIALTY				SE	SECONDARY SPECIALTY				CORRESPONDENCE IS SENT TO HOMES.
TO JOIN AMA, GO TO: ama-assn.org and join of		-										
FULL NAME OF APPLICANT (NO INITIALS)					PRACTICE NAME OR RESIDENCY PROGRAM							
NAME / NICKNAME BY WHICH YOU PREFER COLLEAGUES TO CALL YOU					SEX	SPOUSE'S	NAME AND TITLE					IS SPOUSE A PHYSICIAN?
BUSINESS ADDRESS			BUSIN	ESS TELEPHO	NE	FAX NUMBER				E-MAIL ADDRESS (REQUIRED)		
HOME ADDRESS								HOME PHONE			E	PAGER OR MOBILE NUMBER
PLACE OF BIRTH			DATE O		ARE YO	U A U. S. CI	ΓIZEN?	LIST ADDITIONAL LANG				GUAGES YOU SPEAK.
UNDERGRADUATE EDUCATION	GRADUATE EDUCATION DEG		GREE AND MAJOR			DATE OF DEGREE			HAVE YI PREVIO			OU BEEN A NCMS MEMBER JSLY?
MEDICAL EDUCATION (CURRENT NAME OF SCHOOL)		DA	DATE MD / DO DEGREE			YEAR OF IN				٠,	HELD IN OTHER EAR(S) ISSUED	
INTERNSHIP (NAME OF INSTITUTION AND LOCATION)			CLUSIVE	DATES OF IN	ITERNSH	IP .				ARE YOU BOARD CERTIFIED? YES NO IF YES, WHAT SPECIALTY?		
RESIDENCES, FELLOWSHIPS, OR POST GRADUATE TRAINING				INCLUSIVE D	OATES OF				SPITAL(S) AT WHICH YOU HAVE ADMITTING VILEGES:			
NORTH CAROLINA LICENSE NUMBER	DA	ATE ISSUE	ED	BY EXAM BY ENDO		=	BEGA	BEGAN PRACTICE AT PRESEN			SENT L	OCATION ON (DATE)
IF ELECTED TO MEMBERSHIP, I AGREE, WITHOUT RESE TO BE GOVERNED BY THE CONSTITUTION AND BY-LAV												
(SIGNED)					, MD) / DO		DA	ΓE			
WE, THE UNDERSIGNED NH-PCMS	PHYS	ICIAN ME	MBER	SPONSORS, E	ARNEST	LY RECOMN	IEND THI	S PHYSIC	CIAN'S	ELEC1	TION TO) MEMBERSHIP
SPONS SPONS		SPONSOI	SOR				SPONSOR					
, MD/DQ												
		ACTIO	ON BY C	OMPONENT	(COUNTY	') MEDICAL	SOCIETY					
WE, THE UNDERSIGNE	D CEN	ISORS, HA	AVE CAI	REFULLY REV	IEWED T	HIS APPLICA	ATION AN	ID RECO	MMEN	ND (CII	RCLE OI	NE.)
CENSOR ONE: APPROVAL – REJECTION		CENSOR		APPROVAL –				CENSOR THREE: APPROVA				
, MD	/DO H CAR	OLINA MI		SOCIETY: TH				O ABOV	E MEN	ивекs	HIP	, MD/D0
ON												, EXECUTIVE DIRECTOR
APPROVED AS	AUTH	ORIZED B	BY THE E	EXECUTIVE CO	DUNCIL C	F THE NOR	TH CAROL	INA MEI	DICAL	SOCIE	ГΥ.	-
(AUTHORIZED BY)			(AUTHORIZATION DATE)								_	
THIS IS THE ONLY MEDICAL SOCIETY PH												

NEW HANOVER-PENDER COUNTY MEDICAL SOCIETY 5305 WRIGHTSVILLE AVENUE, SUITE D WILMINGTON, NC 28403-6507