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Please email completed application  
to [executivedirector@gcms.org](mailto:executivedirector@gcms.org)

Application Code:

# State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at [www.joinmsms.org](http://www.joinmsms.org)

- I am in my first year of practice post-residency.
- I am in my second year of practice post-residency.
- I am in my third year of practice post-residency.
- I have moved into Michigan; this is my first year practicing in the state.
- I work 20 hours or less per week.
- I am currently in active military duty.
- I am in full, active practice.
- I am a resident/fellow.

Male  Female

First (legal) Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  MD  DO

Nickname or Preferred Form of Legal Name: \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Job Title: \_\_\_\_\_

W Phone \_\_\_\_\_ W Fax \_\_\_\_\_ H Phone \_\_\_\_\_ H Fax \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address \_\_\_\_\_

Office Address  Preferred Mail  Preferred Bill  Preferred Mail and Bill

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address  Preferred Mail  Preferred Bill  Preferred Mail and Bill

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Please base my county medical society membership on the county of my (if addresses are in different counties):  Office Address  Home Address

\*Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Country \_\_\_\_\_ MI Medical License #: \_\_\_\_\_ ME #: \_\_\_\_\_

Medical School \_\_\_\_\_ Graduation Year: \_\_\_\_\_ ECFMG # (if applicable) \_\_\_\_\_

Residency Program \_\_\_\_\_ Program Completion Year \_\_\_\_\_

Fellowship Program \_\_\_\_\_ Program Completion Year \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

• Primary Specialty \_\_\_\_\_ Board Certified:  Yes  No

• Secondary Specialty \_\_\_\_\_ Board Certified:  Yes  No

Marital Status:  Single  Married  Divorced Spouse's First Name: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_

Is your spouse a physician?:  Yes  No If yes, are they a member of MSMS?:  Yes  No

Within the last five years, have you been convicted of a felony crime?:  Yes  No If "yes," please provide full information: \_\_\_\_\_

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?:  Yes  No

If "yes," please provide full information: \_\_\_\_\_

I agree to support the County Medical Society Constitution and Bylaws, the Michigan State Medical Society Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

County Medical Society Use Only  
Reviewed and Approved by: