



Application for Membership

North Carolina/County Medical Societies

Online

This form is designed to provide uniform information on applicants seeking membership and for the permanent records of the component (county) and state societies. (Note: County membership is not a prerequisite for joining the NCMS. However, we urge membership in all three levels of the federation of medicine.)

Full Name (no initials) <input type="checkbox"/> MD <input type="checkbox"/> DO		Spouse's Full Name		Is Spouse a Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		County Society Name	
Practice Name				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	
Business Address (preferred address? <input type="checkbox"/> Yes <input type="checkbox"/> No)			City, State, Zip		Business Telephone		
Home Address (preferred address? <input type="checkbox"/> Yes <input type="checkbox"/> No)			City, State, Zip		Home Telephone		
Preferred Email		Business Fax		Send Publications to: <input type="checkbox"/> Preferred Email <input type="checkbox"/> Secondary Email			
Secondary Email		Home Fax					
Medical Education (Current Name of School)		Graduation Date		Last Year of Training		Year of Initial License	
NC Medical License Number		Date Licensed		Primary Specialty		<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible	
Other Languages Spoken				Secondary Specialty		<input type="checkbox"/> Board Certified <input type="checkbox"/> Board Eligible	
If elected to membership, I agree to conduct myself professionally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the North Carolina Medical Society and the American Medical Association (copies of these documents may be obtained from the NCMS office).				For office use only: This applicant was elected to membership on _____.			
_____ Signature				_____ Date		_____ County Medical Society Secretary/Executive	

NCMS Dues

Membership Level	Annual Dues	Dues if joining July 1-Sept. 30 (New Members Only)
Active Member.....	\$418\$209
3 rd Year after Training.....	\$314\$157
2 nd Year after Training.....	\$209\$105
1 st Year after Training.....	\$105.....\$53

TOTAL: _____ I've enclosed a check made payable to the NCMS.
 Please charge my Visa MasterCard.

Account number: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

3-Digit Security Code (on the reverse side of the card) _____

Signature of Cardholder Date

Please return this form to **North Carolina Medical Society, PO Box 27167, Raleigh, NC 27611** or fax to **(919) 833-2023**.
For questions regarding AMA or County Medical Society dues, please call the NCMS at 1-800-722-1350.