



Resident/Fellow Application for Membership

North Carolina/County Medical Societies

online

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		Anticipated Year of Training Completion			
NC Medical License Number		Specialty		Other Languages Spoken			
<p>I hereby apply for Resident/Fellow membership in the North Carolina Medical Society as a physician in training in a hospital in the U.S. that is accredited by the joint commission on accreditation of hospitals for residency/fellowship training or physicians in training who are licensed to practice in North Carolina.</p> <p>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).</p>				<p>For office use only: This applicant was elected to membership on _____</p> <p>_____</p> <p>County Medical Society Secretary/Executive</p>			
Signature _____				Date _____			

NCMS Resident/Fellow Dues

- Full Year \$20
- After July 1..... \$10

County Medical Societies (CMS) with Resident/Fellow Membership Categories

- | | |
|--|--|
| <input type="checkbox"/> Cabarrus CMS..... \$200 | <input type="checkbox"/> Pitt CMS..... \$15 |
| <input type="checkbox"/> Cumberland CMS..... \$62.50 | <input type="checkbox"/> Richmond CMS..... \$100 |
| <input type="checkbox"/> Durham-Orange CMS... \$20 | <input type="checkbox"/> Sampson CMS..... \$65 |
| <input type="checkbox"/> Henderson CMS..... \$15 | <input type="checkbox"/> Union CMS..... \$5 |
| <input type="checkbox"/> Johnston CMS..... \$20 | <input type="checkbox"/> Wilson CMS \$50 |
| <input type="checkbox"/> New Hanover-Pender... \$0 | |

Please note: County membership is not a prerequisite for joining the NCMS.

TOTAL: _____ Enclosed is a check payable to the NCMS. Please charge my Visa MasterCard.

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

3-Digit Security Code (on the reverse 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**.
Please call the NCMS at 1-800-722-1350 if you have any questions.