

MEMBERSHIP APPLICATION

KENT COUNTY
MEDICAL SOCIETY

MICHIGAN STATE
MEDICAL SOCIETY

PLEASE TYPE OR PRINT TO COMPLETE THE ENTIRE APPLICATION

I, _____, MD/DO (circle one) hereby apply for membership in the Kent County Medical Society (KCMS) and the Michigan State Medical Society (MSMS). I agree to support their Constitutions and Bylaws and the Principles of Ethics of the American Medical Association (AMA) as applied by the AMA and the MSMS Judicial Commission.

Please check the address to which you want your KCMS and MSMS mail delivered.

[] Practice Street Address _____

Practice City, State, Zip _____

Practice Main Phone # _____ Back Line # _____

Practice Fax # _____ Practice Manager's Name _____

Practice Name _____

NPI Number _____

[] Home Street Address _____

Home City, State, Zip _____

Home Phone # _____ Is it unlisted? [] Yes [] No

Email Address _____

Date of Birth _____ Place of Birth _____

[] Male [] Female Marital Status _____ Spouse's Name _____

Residency Completion Date _____ Medical School Graduation Date _____

Hospital Affiliation(s) 1. _____ 2. _____ 3. _____

Michigan License # _____

Licenses held in other states 1. _____ 2. _____ 3. _____

Date _____

Signature of Applicant

I have contacted the following KCMS member who has agreed to act as my sponsor. (Please contact the KCMS office if you need a sponsor, 616-458-4157.)

1) _____ 2) _____
Sponsors Names

***** IMPORTANT *****

- 1) When complete, mail or fax to the Kent County Medical Society:
233 East Fulton, Suite 222, Grand Rapids, MI 49503, or fax to 616-458-3305.
- 2) Please attach your current Curriculum Vitae/Resume.
- 3) A photo with the application would be appreciated, but is optional.

Kent County Medical Society
Use Only
Reviewed and Elected

Membership in MSMS, and transfers of membership between counties, is pending until KCMS final approval.