

# MEMBERSHIP APPLICATION

KENT COUNTY  
MEDICAL SOCIETY

MICHIGAN STATE  
MEDICAL SOCIETY

PLEASE TYPE OR PRINT TO COMPLETE THE ENTIRE APPLICATION

I, \_\_\_\_\_, MD (Resident) 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  _____
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Membership in MSMS, and transfers of membership between counties, is pending until KCMS final approval.