

# The Memphis Medical Society



## Membership Application

I hereby make application for membership in the Memphis Medical Society and the Tennessee Medical Association.

### Personal Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ MD DO  
 Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_ Male Female  
 Social Security Number: \_\_\_\_\_ Spouse's Name (if applicable): \_\_\_\_\_  
 TN Medical License #: \_\_\_\_\_ Date of Issue: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Language(s) spoken: \_\_\_\_\_

### Contact Information ( Please check the preferred mailing address for Medical Society correspondence.)

Primary Office Practice/Group Name: \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office #2 Practice/Group Name: \_\_\_\_\_  
 Street/P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address Street/P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Education and Post-Graduate Training

**Names of Institutions, locations and states in chronological order**

Pre-Medical School: \_\_\_\_\_  
*Name of Institution, Location, Dates, Degree*

Medical School: \_\_\_\_\_  
*Name of Institution, Location, Dates, Degree*

Internship/Post Graduate: \_\_\_\_\_  
*Name of Institution, Location, Dates, Degree*

Residency \_\_\_\_\_  
Fellowship \_\_\_\_\_  
*Name of Institution, Location, Specialty, Dates*

Residency \_\_\_\_\_  
Fellowship \_\_\_\_\_  
*Name of Institution, Location, Specialty, Dates*

## Specialty and Board Certifications

Specialty: \_\_\_\_\_

Sub-Specialty: \_\_\_\_\_

Board Certification and Year: \_\_\_\_\_

## Organizational Involvement

Previous Medical Society Membership:

Society	City, State	Inclusive Dates
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Primary Specialty Society Membership:

Society	City, State	Inclusive Dates
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## Hospital Staff Affiliations ( List all hospitals in which you have active status.)

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

## Other Information

Have you ever been convicted of a felony crime? Yes  No   
If yes, please provide full information.

Has your license to practice medicine in any jurisdiction been limited, suspended or revoked? Yes  No   
If yes, please provide full information.

Have you been the subject of any disciplinary action by any medical society or hospital staff? Yes  No   
If yes, please provide full information.

Do you want patient referrals from the Society? Yes  No



We encourage you to apply for membership  
in the **American Medical Association**  
at this time by simply checking this box.



In signing this application, I agree that all statements are true and complete to the best of my knowledge and belief. If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Constitution and By-Laws of the component medical society, the Tennessee Medical Association and the American Medical Association. I hereby release and hold harmless from any liability or loss the component medical society to which I am applying, the Tennessee Medical Association, its officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals, who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return ALL of the following:  
(1) COMPLETED APPLICATION  
(2) PAYMENT (see enclosed payment schedule)  
(3) CURRENT CV  
(4) REPRODUCIBLE PHOTOGRAPH

To: **The Memphis  Medical Society**

Attn: Membership Department  
1067 Cresthaven Road  
Memphis, TN 38119  
(901) 761-0200