

## Membership Application

Also available at [www.mdmemphis.org](http://www.mdmemphis.org)

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

### Personal Data:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

MD  DO

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  Male  Female

Social Security Number: \_\_\_\_\_ Spouse's Name (if applicable): \_\_\_\_\_

TN Medical License # \_\_\_\_\_ Date of Issue: \_\_\_\_\_ NPI# \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

### Contact Information:

Primary Office: Practice/Group Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Facsimile: \_\_\_\_\_

Home Address: Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Consent to Fax: YES NO  
I understand that by providing my fax number and/or email and circling "yes" above, that I consent to receive faxes and emails from the TMA sent on behalf of its component medical societies.

### Medical and Post-Graduate Training:

Medical School: \_\_\_\_\_  
Name of Institution, Location, Graduation Date, Degree

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

Board Certification(s): \_\_\_\_\_  
Boards and Dates

Internship / Residency: \_\_\_\_\_  
Name of Institution, Location, Specialty, Dates

Residency / Fellowship: \_\_\_\_\_  
Name of Institution, Location, Specialty, Dates

(continued)

**Additional Information:**

Have you ever been convicted of a felony?      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 ever been the subject of any disciplinary action by any medical society or hospital staff?      Yes      No

If yes, please provide full information.

**Agreement:**

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 (Memphis / Shelby County) 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 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: \_\_\_\_\_

Physician who asked you to join: \_\_\_\_\_

**Payment:**

**Credit Card Information**

(Processed as / by the Tennessee Medical Association - TMA)

(Fax to: **615-312-1957**)

Please check one:     VISA       MasterCard       American Express

Total \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_

Corporate Name (if practice card) \_\_\_\_\_

**Please return ALL of the following:**

- (1) Completed Application
- (2) Payment (see enclosed dues schedule)
- (3) Current CV
- (4) Photo - submitted electronically as a jpg to [vcarrozza@mdmemphis.org](mailto:vcarrozza@mdmemphis.org)

To: The Memphis Medical Society  
 Attn: Membership Department  
 1067 Cresthaven Road  
 Memphis, TN 38119-3833  
 901-761-0200 phone  
 901-761-2944 facsimile