Application for Membership

NC & Wayne County Medical Societies

This form is designed to provide uniform information on applicants seeking membership and for the permanent records of the component (county) and state societies. (Note: County membership is not a prerequisite for joining the NCMS. However, we urge membership in all three levels of the federation of medicine.)

Full Name (no initials) ☐ MD ☐ DO	**Date of Birth**	**Sex** ☐ Male ☐ Female
Practice Name	**Spouse's Name**	**Is Spouse a Physician?** ☐ Yes ☐ No
Business Address (preferred address? ☐ Yes ☐ No)	**City, State, Zip**	**Business Telephone**
Home Address (preferred address? ☐ Yes ☐ No)	**City, State, Zip**	**Home Telephone**
Preferred Email	**Secondary Email**	**Fax (Check one -** ☐ Business ☐ Home)
Medical Education (Current Name of School)	**Graduation Date**	**Last Year of Training**
NC Medical License Number	**Date Licensed**	**Primary Specialty (check one -** ☐ Certified ☐ Eligible)
Other Languages Spoken		**Secondary Specialty (check one -** ☐ Certified ☐ Eligible)

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 Wayne Co. Medical Society (copies of these documents may be obtained from the NCMS office).

_____ _____

Signature Date

For office use only:

This applicant was elected to membership on

_____.

_____

County Medical Society Secretary/Executive

	Full-Year Dues	Full-Year Dues	Half-Year Dues July 1-Sept. 15 (New Members Only)	
Membership Level	**Wayne**	**NCMS**	**Wayne**	**NCMS**
Active Member	$300	$430	$300	$215
3rd Year after Training	$300	$323	$300	$161
2nd Year after Training	$300	$215	$300	$107
1st Year after Training	$300	$108	$300	$54
Physician Assistant	$300	$151	$300	$75
Resident/Fellow	N/A	$20	N/A	$10
Semi-Retired	$300	$284	$300	$142
Emeritus/Life	$0	$0	$0	$0

TOTAL: ☐ **I've enclosed a check made payable to the NCMS.**

☐ **Please charge my** ☐ Visa ☐ MasterCard.

Account number: _____ - _____ - _____ - _____ Exp. Date: _____/_____ 3-digit CVV#

_____ _____

Signature **Date**

Please return completed form and payment to the North Carolina Medical Society, PO Box 27167, Raleigh, NC 27611 or fax back to (919) 833-2023. Join online by visiting www.ncmedsoc.org/join.