

Membership Application

MONTGOMERY COUNTY MEDICAL SOCIETY & MedChi

15855 Crabbs Branch Way, Rockville, MD 20855 Phone: 301.921.4300 Fax: 301.921.4368

Note: To be eligible for membership in MCMS & MedChi, you must reside, practice and/or have a license in Maryland

As a member of the Montgomery County Medical Society, you are also a member of MedChi, The Maryland State Medical Society

Note: If you prefer to complete this information in a secure online portal, visit medchi.org, select the Join button (top right)

Name: _____ Date of Birth: _____ Sex: M F

Practice/Group Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____ Fax: _____

Email: _____ Cell Phone: _____ Name of Spouse: _____

State License Number: _____ Issued by What State? _____ Year Received: _____

Medical School: _____ Year Graduated: _____

AMA ME #: _____ Board Certifications: _____

Speciality (ies): Note your primary specialty first _____

Social Networking: Facebook LinkedIn Twitter Handle _____

Referred By: _____

PLEASE SUBMIT CV or Biographical Summary with completed application.

Where should mail be sent? Home Office

Practice Type: Solo Partnership Group Employed Hospital Staff

Other: _____

Status:

Active 1st year (1st year after completion of training) \$300

Active (living in, residing in, or licensed in MD and practicing at 3+ years) \$500

Affiliate (member of another state medical society outside Maryland) \$345

Associate (less than 1,000 hrs/yr./employed in armed forces, public health,
VA/NIH or employed by govt.) \$315

Resident/Fellow Medical Student N/C

* After July 1, dues are prorated to one-half the annual rate. After October 1, dues are due for the following year (no charge for the last three months of the current year.)

Payment Information: Check Enclosed, Visa, Mastercard, AMEX

Credit Card #: _____ Exp. Date: _____

Signature: _____

Questions? Call Stephen McDow at 301.921.4300 or email: smcdow@montgomerymedicine.org

Apply by faxing or mailing this form with payment to: Montgomery County Medical Society

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FAX: 301.921.4368

MCMS & MedChi Physician Member Application