

Membership Application

MedChi and MONTGOMERY COUNTY MEDICAL SOCIETY

15855 Crabbs Branch Way, Rockville, MD 20855 Phone: (301) 921-4300 Fax: (301) 921-4368

Membership Application for Practice Administrators, Office Managers, and Billing Managers

Name: _____

Name of Practice: _____

Job Title: _____

Name(s) of Physicians in the Practice: *(Please use the back of this form if more space required)*

_____	_____
_____	_____
_____	_____
_____	_____

Office Address: _____

City: _____

State: _____

Zip: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Office Phone: _____ Home Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____

Where should mail be sent? Office Home

Signature of Applicant: _____ Date: _____

Annual Dues:

\$75.00 (If at least one physician in the practice is a member of MCMS) Please note the name of at least one physician in your practice who is a member of MCMS: _____

\$300.00 (If no physician is a member of MCMS, until a physician in the practice joins, dues are \$300. After a physician joins, dues will be reduced to \$75.00 the following year)

Payment Information: Check Enclosed, Visa, Mastercard

Credit Card #: _____

Exp. Date: _____

Signature: _____

Questions? Call Anu Setlur at 301-921-4300 or email: asetlur@montgomerymedicine.org

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

15855 Crabbs Branch Way
Rockville, MD 20855

Fax: 301-921-4368

MCMS Practice Staff Application