

Membership Application

MedChi and MONTGOMERY COUNTY MEDICAL SOCIETY

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 the
Medical and Chirurgical Faculty of Maryland (MedChi- The Maryland State Medical Society)

Name: _____ Date of Birth: _____ Sex: M F
Practice 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 #: _____ Speciality (ies): _____
Board Certifications: _____

PLEASE SUBMIT CV 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) \$300.00

Active (living in, residing in, or licensed in MD and practicing at 3+ years) \$500.00

Affiliate (member of another county medical society within Maryland) \$257.50

Affiliate (member of another state medical society outside Maryland) \$345.00

Associate (less than 1,000 hrs/yr./employed in armed forces, public health,
VA/NIH or employed by govt.) \$315.00

Resident/Fellow Medical Student \$47.50

* After July 1st, dues are prorated to one-half the annual rate.

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

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Rockville, MD 20855

Fax: 301-921-4368

MCMS & MedChi Physician Member Application