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| Pitt**Resident/Fellow Application for Membership**North Carolina/County Medical Societies |
| **Full Name (no initial**s) **[ ]  MD [ ]  DO**      | **Spouse’s Full Name**      | I**s Spouse a Physician?**[ ]  Yes [ ]  No | **County Society Name**      |
| **Practice Name**      | **Sex**[ ]  Male [ ]  Female | **Date of Birth**      |
| **Business Address (preferred address?** **[ ]  Yes [ ]  No)**      | **City, State, Zip**      | **Business Telephone**      |
| **Home Address (preferred address? [ ]  Yes [ ]  No)**      | **City, State, Zip**      | **Home Telephone**      |
| **Preferred Email**      | **Business Fax**      | **Send Publications to:**[ ]  Preferred Email [ ]  Secondary Email |
| **Secondary Email**      | **Home Fax**      |
| **Medical Education (Current Name of School)**      | **Graduation Date**      | **Anticipated Year of Training Completion**      |
| **NC Medical License Number**      | **Specialty**      | **Other Languages Spoken**      |
| I hereby apply for Resident/Fellow membership in the North Carolina Medical Society as a physician in training in a hospital in the U.S. that is accredited by the joint commission on accreditation of hospitals for residency/fellowship training or physicians in training who are licensed to practice in North Carolina.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 American Medical Association (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 |

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| **NCMS Resident/Fellow Dues** |
| [ ]  Full Year …………................................................... | $20 | [ ]  After July 1……………………………..….……………… | $10 |

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| **County Medical Societies (CMS) with Resident/Fellow Membership Categories** |
| [ ]  Alamance-Caswell……………………. | $100 | [ ]  Henderson……………………………… | $15 | [ ]  Rowan………………… | $0 |
| [ ]  Brunswick………………………………. | $25 | [ ]  Iredell……………………………………… | $110 | [ ]  Sampson…………….. | $65 |
| [ ]  Burke…………………………………… | $80 | [ ]  Johnston…………………………………. | $120 | [ ]  Vance………………… | $50 |
| [ ]  Cabarrus………………………………. | $225 | [ ]  New Hanover-Pender…….. | $20 | [ ]  Wake……………….. | $200 |
| [ ]  Cumberland………………………….... | $62.50 | [ ]  Person……………………….. | $50 | [ ]  Wilson………………… | $50 |
| [ ]  Davidson………………………………. | $20 | [ ]  Pitt………………………………. | $15 |  |  |
| [ ]  Durham-Orange……………………… | $20 | [ ]  Richmond…………………… | $100 |  |  |

**Please note: County membership is not a prerequisite for joining the NCMS.**

**TOTAL:** **\_\_** **[ ]** Enclosed is a check payable to the NCMS. **[ ]** Please charge my [ ]  Visa [ ]  MasterCard.

Account number:      -       -       -       Exp. Date:      /

3-Digit Security Code (on the reverse of the card):

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 Signature of Cardholder Date

Please return this form to **North Carolina Medical Society, PO Box 27167, Raleigh, NC 27611 or fax to (919) 833-2023.**

Please call the NCMS at 1-800-722-1350 if you have any questions.