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| --- | --- | --- | --- | --- | --- | --- | --- |
| Pitt  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.)  **Application for Membership**  **NC & Pitt County Medical Societies (NCMS & PCMS)** | | | | | | | |
| **Full Name (no initial**s) **MD  DO** | | | **Spouse’s Name** | | I**s Spouse a Physician?**  Yes  No | | **County Society Name**  Brunswick |
| **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** | | | **Last Year of Training** | | | **Year of Initial License** |
| **NC Medical License Number** | **Date Licensed** | | | **Primary Specialty** | | | Board Certified  Board Eligible |
| **Other Languages Spoken** | | | | **Secondary Specialty** | | | Board Certified  Board 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 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 | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full-Year Dues** | | **Half-Year Dues July 1-Sept. 30**  **(New Members Only)** | |
| **Membership Level** | **PCMS** | **NCMS** | **PCMS** | **NCMS** |
| Active Member | $240 | $418 | $120 | $209 |
| 3rd Year after Training | $240 | $314 | $120 | $157 |
| 2nd Year after Training | $240 | $209 | $120 | $105 |
| 1st Year after Training | $56.25 | $105 | $28 | $53 |
| Physician Assistant | $60 | $147 | $30 | $74 |
| Resident/Fellow | $15 | $20 | $7.50 | $10 |
| PA or Medical Student | Exempt | $10 | Exempt | $5 |

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

**Please charge my**  Visa  MasterCard.

Account number:       -       -       -       Exp. Date:      /

3-Digit Security Code on the back 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.**

**For questions regarding AMA or County Medical Society dues, please call the NCMS at 1-800-722-1350.**