

APPLICATION



Pennsylvania
MEDICAL SOCIETY

Doctors and Patients. Preserve the Relationship.

_____ County Medical Society
(You may choose to be a member of the county in which you
either live or work.)

777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820 ❖ 717-558-7750 (Phone) ❖ 717-558-7840 (Fax)

Full Name (Print): _____
Last First Middle

Home Address: _____
Area Code & Phone Number

Office Address: _____
Area Code & Phone Number

Email Address: _____ Office Fax _____
Area Code & Phone Number

For mailing, please use: Office Address Home Address Preferred Communication: Email Fax Mail

BIOGRAPHICAL DATA

Gender: Male Female Date of Birth: _____ Spouse's Name: _____

EDUCATION	INSTITUTION	LOCATION	DEGREE	BEGIN DATE	END DATE
Medical	_____	_____	_____	_____	_____

FOR RESIDENCY & FELLOWSHIP, YOU MUST GIVE ACTUAL OR PROJECTED ENDING MONTH & YEAR

	BEGIN DATE	END DATE
Residency	_____	_____
Fellowships	_____	_____
License: PA No.	_____	Date Issued _____

PROFESSIONAL DATA

Present Type of Practice (Check Appropriately):

- Owner of Physician Practice Group Name _____
- Employed by Hospital/Health System
- Employed by Physician(s) Group Name _____
- Employed by Industry or Government
- Independent Contractor
- Other (specify) _____

Specialty: _____

Within the last 5 years, have you been convicted of a felony crime or is your license to practice medicine actively suspended or revoked? If yes, please provide full information. Yes No

DATE _____

SIGNATURE _____

RETURN TO: Pennsylvania Medical Society
ATTENTION: Member Services

FAX: 717-558-7840
MAIL: 777 East Park Drive
PO Box 8820
Harrisburg, PA 17105-8820

QUESTIONS? Call (800) 228-7823