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

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DATE ______________________ **SIGNATURE** ______________________________

RETURN TO: Pennsylvania Medical Society
ATTENTION: Member Services

QUESTIONS? Call (800) 228-7823

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