

# MEMBERSHIP APPLICATION

## MedChi and MONTGOMERY COUNTY MEDICAL SOCIETY

15855 Crabbs Branch Way, Rockville, MD 20855 • Phone: (301) 921-4300 • Fax: (301) 921-4368

*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: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

MD License Number: \_\_\_\_\_ Year Received: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

AMA ME#: \_\_\_\_\_ Specialty(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:	Combined Dues for MCMS & MedChi*
_____ Active 1st Year (1st year of membership)	\$300.00
_____ Active 2nd Year (2nd year of membership)	\$400.00
_____ Full Active	\$500.00
_____ Affiliate (member of another county medical society withing Maryland)	\$257.50
_____ Affiliate (member of another county medical society outside Maryland)	\$345.00
_____ Associate (part-time practice/employed by govt./academic)	\$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 Veena Sarin at 301-921-4300.

Apply by mailing or faxing this form with payment to: **Montgomery County Medical Society**  
15855 Crabbs Branch Way  
Rockville, MD 20855  
Fax: 301-921-4368

MCMS & MEDCHI PHYSICIAN MEMBER APPLICATION