



APPLICATION FOR MEMBERSHIP

MEDICAL SOCIETY OF THE COUNTY OF QUEENS & MEDICAL SOCIETY OF THE STATE OF NEW YORK

112-25 Queens Boulevard • Forest Hills, NY 11375
Voice - 718.268.7300 Fax - 718.268.6918

Name Last First M Suffix

Home Address Street City State Zip

Home Tel () Home Fax ()

E-Mail Date of Birth Male Female

Send Mail To: HOME OFFICE Name of Spouse

Practice Name (If Applicable) Manager's Email

Office Address Street City State Zip

Office Tel () Office Fax ()

ARE YOU ACCEPTING NEW PATIENTS? Yes No

Medical School Year of Graduation MD DO

Date Of Completion of Residency/Fellowship Other Degrees

Full Time Working Fewer Than 20 Hours/Week

CURRENT HOSPITAL AFFILIATIONS (If none, list any HMO affiliations). Please attach copy of current CV.

Table with 2 columns: HOSPITAL/LOCATION, POSITION/SPECIALTY

NYS LICENSE # DATE GRANTED DATE ENTERED PRACTICE

BOARD CERTIFIED? YEAR SPECIALTY

WORKERS' COMP BOARD RATING ECFMG # (If attended medical school abroad)

Has your license to practice medicine ever been denied, suspended, revoked, or voluntarily surrendered? Yes No

Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered? Yes No

Have you ever been convicted of or pled guilty to any act that constitutes a misdemeanor or felony? Yes No

(If answering YES to any of the above three (3) questions, please attach a narrative with explanation)

Have you ever been a member of this or any other county medical society? Yes No

County When?

Is there a member we can thank for encouraging you to join? (Name)

PHYSICIAN'S ATTESTATION: "In applying for membership, I agree to comply with the bylaws, rules and regulations of the Medical Society of the County of Queens, the District Branch, and the Medical Society of the State of New York. In providing fax and e-mail information, I give the medical societies permission to send me news updates, important legal/legislative notices, seminar invitations, advertisements and web links."

PLEASE CHECK HERE TO INDICATE AGREEMENT

Signature DATE

