

CAPE GIRARDEAU COUNTY AREA MEDICAL SOCIETY
APPLICATION FOR MEMBERSHIP

(Email, Mail or Fax application. Please print all information.)

37 Doctors' Park; Suite 5

Cape Girardeau, Missouri 63703

Tel: 573-334-5691 • Fax: 573-334-0975 • www.cgcms.org • info@cgcms.org

Date: _____

I. SOCIAL DATA

A. Name of Applicant: _____ Birthdate: _____

B. Residence: _____ City: _____ State: _____ Zip Code: _____

C. Office Address: _____ City: _____ State: _____

D. Home Phone: _____ Office Phone: _____ Office Fax: _____

E. Spouse Name: _____ Email Address: _____

II. EDUCATIONAL DATA

A. State of Licensure: _____ Date: _____ Number _____

B. National Board Certification: _____ Number: _____

C. Have you been suspended or expelled from membership in any medical society? _____ Yes _____ No

D. Has your medical license ever been suspended, revoked or have you ever undergone any disciplinary action by any state medical license authority? _____ Yes _____ No

(If YES to G or H above, PLEASE ATTACH A DETAILED STATEMENT.)

III. PROFESSIONAL CAREER DATA

A. Practice (type): _____

Where? _____

B. Board Certification:

Name: _____ Date Accepted: _____

Name: _____ Date Accepted: _____

D. List hospitals where you are a member of the professional staff: _____

E. Field of Specialty: _____

IV. PLEASE SUBMIT CURRENT CURRICULUM VITAE AND RECENT PHOTO.

(Over)

V. **STATEMENT BY APPLICANT:** I hereby make this application for membership in the CAPE GIRARDEAU COUNTY AREA MEDICAL SOCIETY whose officers will classify my status upon acceptance. If I am accepted by this society as a member, I agree to support its Constitution and By-Laws and shall uphold the Ethics of Medical Practice as defined by the AMA Committee on Medical Ethics.

Signature of applicant

<u>Annual Membership Categories and Dues</u>	<u>FOR OFFICE USE</u>
<p>ACTIVE: <i>Medical Doctor or Doctor of Osteopathy, licensed in Missouri and living or practicing medicine in Cape Girardeau County - \$300. (1st year Members: \$100)</i></p> <p>ASSOCIATE: <i>Missouri licensed physicians in neighboring counties at least 25 miles outside Cape Girardeau County . Graduates of Schools of Dentistry, Podiatry or Allied Health Services - \$265. (1st year members \$85)</i></p> <p>Payment of dues should be mailed the CGCAMS: 37 Doctors' Park, Suite 5, Cape Girardeau, MO 63703</p>	<p>Credentials Committee Signatures:</p> <hr/> <p>Chairperson</p> <hr/> <p>Committee Member</p> <hr/> <p>Committee Member</p>

The Cape Girardeau County Area Medical Society encourages all active members to join the Missouri State Medical Association. For more information on how to join MSMA please visit www.msma.org or call 800-869-6762.