

# State and County Medical Society Membership Application



**MICHIGAN STATE  
MEDICAL SOCIETY**  
120 W. Saginaw, Lansing, MI 48823  
msms@msms.org • www.msms.org  
517-336-5762

Do you work 20 hours or less per week?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your spouse a member of MSMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this the first year you have practiced in Michigan?	<input type="checkbox"/> YES <input type="checkbox"/> NO



**OCMS**  
Oakland County Medical Society  
*Empowering Physicians. Advancing Medicine.*  
41800 W. 11 Mile Road, Suite 215  
Novi, MI 48375  
248-773-4000 • dlagosh@msms.org

**Please PRINT or TYPE**

FULL NAME \_\_\_\_\_ MD or DO (Circle One)  
Last First Middle Initial

HOME ADDRESS, CITY & ZIP \_\_\_\_\_  
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP \_\_\_\_\_  
Area Code & Telephone Number

PRACTICE NAME \_\_\_\_\_  
Office Fax Number

EMAIL ADDRESS \_\_\_\_\_ For mailing, please use (check one):  **Office** address  **Home** address

**BIOGRAPHICAL DATA**

Sex:  Male  Female Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Maiden Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**EDUCATION** (please complete or attach CV)

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED
			<small>Beginning</small> <small>Ending</small>
Medical School _____			

**INTERNSHIP, RESIDENCY, AND FELLOWSHIPS**

SPECIALTY	COMPLETION DATE
_____	_____

License: MI # \_\_\_\_\_ Date Issued \_\_\_\_\_ ECFMG # \_\_\_\_\_

Specialty \_\_\_\_\_ Subspecialty \_\_\_\_\_

Board Certifications (list specialties & dates) \_\_\_\_\_

Hospital Appointments \_\_\_\_\_

Within the last five years, have you been convicted of a felony crime?.....  Yes  No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?.....  Yes  No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?.....  Yes  No If YES, please provide full information.

I agree to support the \_\_\_\_\_ COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Member Sponsor \_\_\_\_\_

**County Medical Society Use Only**

Reviewed and Approved by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

