



120 W. Saginaw Street · East Lansing, MI 48823
 msms@msms.org · www.msms.org
 517-336-5762 · Fax: 517-336-5797



Oakland County Medical Society

Empowering Physicians. Advancing Medicine.

39577 Woodward Avenue, Suite 230,
 Bloomfield Hills, MI 48304
 www.ocms-mi.org · www.joinocms.org
 248-773-4000 · Fax: 248-773-4004

State & County Medical Society Membership Application

Member Status: 1st Year of Practice Post-Residency 2nd Year of Practice Post-Residency 3rd year of Practice Post Residency

I have moved into Michigan, and this is my first year practicing in this state. I work 20 hours or less per week.

I am currently in active military duty I am in full-active practice

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD or DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone: _____ W Fax: _____ H Phone: _____ H Fax: _____

Cell: _____ Email: _____

Office Address: Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address: Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

Birth Date: ____/____/____ Birth Country: _____ MI Medical License# _____ ME# _____

Medical School: _____ Graduation Year: _____ ECFMG# (if applicable) _____

Residency Program: _____ Program Completion Year: _____

Fellowship Program: _____ Program Completion Year: _____

Hospital Affiliation(s): _____

Primary Specialty: _____ Board Certified Yes No Year _____

Secondary Specialty: _____ Board Certified Yes No Year _____

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

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.

SIGNATURE: _____ DATE: _____

When completed, please mail to MSMS or Fax to (517) 336-5797. Thank you!

County Medical Society Use Only Reviewed and Approved by _____
--