



# Lane County Medical Society

P.O. Box 7192 Springfield OR 97475 || (541) 686-0995 || Fax (541) 687-1554  
[info@lcmedsociety.com](mailto:info@lcmedsociety.com) || [www.lcmedsociety.com](http://www.lcmedsociety.com)

*Dedicated to adding value to your LCMS Membership*

**LCMS serves as the local physician voice regarding medical issues in Lane County.**

## Benefits & Services

**Physician Wellness Program—Confidential Counseling:** The Lane County Medical Society's Physician Wellness Program addresses the barriers that typically prevent physicians from getting the assistance they desire. The program provides counseling services (through Cascade Health) that are tailored to physician's needs: it is quickly accessible at the convenience of the physician, confidential, free, private and minimally constrained by record-keeping. Physicians can call the 24-hour support line or to make an appointment at **541-345-2800**.

**Medical Malpractice Support:** Medical malpractice support is available to physicians before, during and after malpractice litigation.

**Society Membership Meetings & Social Events:** LCMS hosts events throughout the year that provide opportunities for members to experience professional collegiality, network, and become educated on important medical and societal issues. Society meetings include dinner and program complimentary to members. Social events include the **Annual Golf Tournament, themed entertainment, family-friendly events, and more** available only to LCMS members and their guests.

**LCMS Membership Photo Directory:** The medical community's "gold standard" reference directory, members receive one complimentary copy annually. (**\$40 value**)

**Publications and News:** Each month, you'll receive a complimentary copy of **MEDICAL MATTERS**, the LCMS magazine, where you can find information about local events and happenings. You'll also get to learn about different colleagues through our feature stories and various organizations and programs in the community.

**Medical Personnel:** LCMS medical staffing is handled through **Favorite Healthcare Staffing** and is the solution to all your temporary and permanent staffing needs. The staffing representative pre-screens candidates, conducts personal interviews to determine skills, and verifies credentials, licenses, references and experience. Criminal background checks and drug tests are also available. Contact Favorite Healthcare Staffing at **1-866-877-3589**.

**Banking Packages:** Lane County Medical Society endorses **Oregon Pacific Bank**. Professional banking packages, preferred loan rates, and preferred rates on credit card processing are available to members.

**Community Advocacy:** LCMS develops and funds programs and initiatives to address public health issues such as gun safety, disaster preparedness, access to healthcare, vaccinations, obesity, disease outbreaks and many others.

**Local, State, National Advocacy/Representation:** LCMS leaders advocate for physician/patient interests at the local, state, and national levels.

**Appointment Support:** LCMS supports physician appointments to state and local boards and commissions.



# *Lane County Medical Society*

## **Membership Classification Definitions**

### **Active Membership - \$295 Annual Dues**

Physicians who practice or reside in Lane County. The privileges of this membership category include voting, committee membership, ability to hold office, meals at membership meetings, inclusion in special discount plans, a subscription to the society's monthly magazine and one complimentary membership directory each year. All new members pay a one-time processing fee of \$100 at the time of application.

### **Associate Membership - \$221.25 Annual Dues**

Physicians who are full-time employees (or research scientists) of any government agency or low-income institution, and receive no significant compensation outside of that employment; or active member of another county medical society who wishes to belong to LCMS or a physician practicing in outlying areas of Lane County, such as Florence. Associate membership includes all the privileges of active membership. All new members pay a one-time processing fee of \$100 at the time of application.

### **Part-time Membership - \$221.25 Annual Dues**

Physicians who practice an average of more than four hours but fewer than twenty hours per week. Part-time membership includes all the privileges of active membership. All new members pay a one-time processing fee of \$100 at the time of application.

### **Retired, Resident/Intern and Inactive Membership - \$35.00 Annual Mailing Fee**

Retired, resident and inactive members shall not hold office or vote. They may be included in discount plans. They pay for society meeting dinners and programs, and for membership directories. All new members pay a one-time processing fee of \$100 at the time of application.

- **Retired:** A physician who is fully retired from the practice of medicine or practices less than four hours per week. Retired members receive a complimentary subscription to the society's magazine.
- **Inactive:** A physician who has previously been a member who is temporarily residing and/or practicing outside of Lane County and plans to return to medical practice in Lane County and assume his/her former membership in this society; or is temporarily disabled such that he/she cannot practice medicine.

***No Dues Increase since 1984!***



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## Membership Application

### Practice Information (Required)

Estimated Start Date: \_\_\_\_\_

Physician Name \_\_\_\_\_ ☐ M.D. ☐ D.O.  
First Name M.I. Last Name

Group Name/Medical Group \_\_\_\_\_ Office Manager Name & Phone \_\_\_\_\_

Primary Address \_\_\_\_\_  
Street/P.O. Box Suite # City State Zip

Primary Office PH# \_\_\_\_\_ Primary Office Fax# \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Education and Licensing Information (Required)

Specialty \_\_\_\_\_

Board Certified? Yes No Eligible

Subspecialty 1 \_\_\_\_\_ Subspecialty 2 \_\_\_\_\_  
ABMS (American Board of Medical Specialties) specialties.

Board Certified? Yes No Eligible

Medical School \_\_\_\_\_  
Facility Name City State

Year of Graduation \_\_\_\_\_

Internship \_\_\_\_\_  
Facility Name City State

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Residency \_\_\_\_\_  
Facility Name City State

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Fellowship \_\_\_\_\_  
Facility Name City State

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Oregon Licensure Date \_\_\_\_\_ License # \_\_\_\_\_ (Please attach a copy.)

### Have you been subject to disciplinary review or action by either of the following?

State Board of Medical Examiners Yes No County or State Medical Society Yes No (If 'yes', please attach explanation.)

### Personal Information (Required)

☐ Male ☐ Female

Birthplace \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Language(s) spoken \_\_\_\_\_

Spouse/Spousal Equivalent Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Name/Contact # \_\_\_\_\_ Personal Email Address \_\_\_\_\_

I, \_\_\_\_\_ (please print) hereby apply for membership in the Lane County Medical Society and agree to abide by its bylaws and policies and the Principles of Medical Ethics as promulgated by the American Medical Association.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Membership Classification (check one)

☐ Active \$295 ☐ Associate \$221.25 ☐ Part-time \$221.25 ☐ Retired, Resident/Intern & Inactive \$35.00

Annual Dues: \_\_\_\_\_  
(For status definitions, please see attachment)

### Membership Payment

Membership Classification Amount: \_\_\_\_\_

Processing Fee (one time only) \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

\$ \_\_\_\_\_

\$ 100.00

\$ \_\_\_\_\_

Office Use Only:  
Date Paid: \_\_\_\_\_  
Approved: \_\_\_\_\_

Please make checks payable to Lane County Medical Society or:

VISA MASTERCARD \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ CVC \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

**\*NOTE:** In order to complete your membership application,

(1) please attach a copy of your Oregon medical license and (2) email a professional (300 dpi) photo to [info@lcmedsociety.com](mailto:info@lcmedsociety.com)