

Name on Card

Lane County Medical Society

P.O. Box 7192 Springfield OR 97475 || (541) 686-0995 || Fax (541) 687-1554 || info@lcmedsociety.com

Membership Application

Practice Infor	rmation (Required)	Estimated Start Date:_			
Physician Na	me		1		□ M.D. □ D.O.
First Name		М.І.	Last Name		
Group Name/	Medical Group		Office	Manager Name & Phone	
Primary Addr	ress Street/P.O. Box	Suite #	City	Stata	
			•	State	Zip
Primary Offic	e PH#	Primary Office Fax#		E-mail Address	
Education an	d Licensing Information	(Required)			
					No Eligible
Subspecialty	1	Subspecialty 2 d of Medical Specialties) specia	-14:	_ Board Certified? Yes	No Eligible
	ABMS (American Board	i oi iviedicai Speciailies) specia	uties.		
Medical School		City	Ctata	Year of Graduation	
	Facility Name	City	State		
Internship	Facility Name	City	State	From////////	To// <i>Mo. Day Yr.</i>
Residency	•	- 7		•	•
,	Facility Name	City	State	Mo. Day Yr.	To//
Fellowship				From//	To//
	Facility Name	City	State	Mo. Day Yr.	Mo. Day Yr.
Oregon Licens	ure Date	License #		(Please attach a co	ору.)
State Board of N Personal Info	Medical Examiners Yes ormation (Required)	☐ Male ☐	ical Society Female	Yes No (If 'yes', please at	
				Language(s) spoken	
				Cell Phone Home Phone	
				Email Address	
I.		(pl	ease print\ her	eby apply for membership in th	ne Lane County Medical Soci
and a	gree to abide by its bylaws	and policies and the Princip	oles of Medical	Ethics as promulgated by the	American Medical Associati
Signe	ed			Date//	-
	Classification (check on	\$295	<i>Associate</i> \$221.25	□ <i>Part-time</i> □ <i>Retired</i> \$221.25 \$35.00	d, Resident/Intern & Inactive
Annual Dues: (For status def	finitions, please see attachı	nent)			
(For status defi Membership	-	ment)		\$	- 000 11 2 1
(For status defi Membership	Payment Payment	nent) Processing Fee (one	time only)	\$	Office Use Only:
(For status defi Membership	Payment Payment	Processing Fee (one		\$\$ \$100.00	Office Use Only: Date Paid: Approved:
(For status def Membership I Membership Cla	Payment assification Amount:	Processing Fee (one		\$\$ \$100.00	Date Paid:
(For status defined the Membership Classe make characters)	Payment assification Amount: hecks payable to Lane Cou	Processing Fee (one Total Amoun anty Medical Society or:	t Enclosed:	\$\$ \$\$	Date Paid: Approved:

Billing Address _

Billing Zip_