

MSDC

MEDICAL SOCIETY OF THE
DISTRICT OF COLUMBIA

1250 23rd Street, NW, Suite 270
Washington, DC 20037

Telephone: 202.466.1800
Fax: 202.452.1542
<http://www.msdc.org>

APPLICATION FOR MEMBERSHIP Associate Non-Physician Member - Dues Exempt

BIOGRAPHICAL DATA

*Name _____ *Designation (PA, RN, NP, AA, etc.) _____

*Email _____ Mobile _____

*Primary Office Address _____

*Group Practice Name/Associates (if applicable) _____

Office phone _____ Office fax _____

Home address _____

Home phone _____ Home fax _____

Prefer mail by 1st class _____ Fax _____ Email _____

Preferred mailing address Office _____ Home _____ Preferred billing address Office _____ Home _____

Date of Birth _____ Place of Birth _____

Male _____ Female _____ Spouse's name (if married) _____

Please list the activities, projects, or issues in which you feel the Medical Society should be involved or can assist you in your practice.

How did you hear about us? _____

Membership Representative: _____

OBLIGATION FOR MEMBERSHIP

I certify that to the best of my knowledge, the information that I have provided in this application is true and accurate. If elected to membership, I hereby agree to be governed by the Constitution and Bylaws of the Medical Society of the District of Columbia, and to abide by the regulations prescribed therein. Also, I hereby authorize the release of any information concerning my character, reputation, ability, medical practice or conduct by any medical society, hospital, licensing authority, medical school, peer review committee, or individual to the Medical Society of the District of Columbia and agree to hold harmless any person or organization making such release, as long as such release is made in good faith and without malice.

I understand that by providing my mailing address, email address, telephone number and fax number I consent to receive communications sent by or on behalf of MSDC (and its subsidiaries and affiliates) via regular mail, email, telephone, or fax. I understand that MSDC may share my address/email/telephone/fax with other organizations.

Signature of Applicant _____ Date _____