



1250 23rd St. NW
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Washington, DC 20037

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<http://www.msdc.org>

APPLICATION FOR ACTIVE MEMBERSHIP
1st year dues \$325*
*** Present through December 31, 2019**

BIOGRAPHICAL DATA

* Items with an asterisk are required

* Name _____ *Email _____

* Practice (name, primary office address, city, state, zip) _____

* Office phone _____ Office fax _____ Mobile phone _____

Home address _____

Home phone _____

Preferred mailing address: Office ___ Home ___

Preferred billing address: Office ___ Home ___

Male ___ Female ___ Date of Birth _____ Specialty _____

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

Applications may also be completed online at www.msdc.org/JOIN

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 (available at www.msdc.org/bylaws), and to abide by the regulations prescribed therein. I understand that by providing my mailing address, email address, telephone number and fax number I consent to receive communications sent by MSDC via regular mail, email, telephone, or fax. I also understand that MSDC may share my mailing address, telephone or fax number with subsidiaries or affiliates but that MSDC WILL NOT share or otherwise distribute my email address.

*Signature of Applicant _____ Date _____

Send check payable to "Medical Society of DC" to 1250 23rd Street NW, Suite 270, Washington, DC 20037, or complete credit card payment below and return by fax to 202-452-1542 or by mail to 1250 23rd Street NW, Suite 270, Washington, DC 20037.

CREDIT CARD AUTHORIZATION (MasterCard, Visa, American Express, Discover)

Name _____ Expiration Date _____

Card No _____ Security Code _____

Cardholder Signature _____ Date _____