



APPLICATION FOR MEMBERSHIP
in the
DUTCHESS COUNTY MEDICAL SOCIETY

One Civic Center Plaza, Suite 541
Poughkeepsie, NY 12601
and the

MEDICAL SOCIETY OF THE STATE OF NEW YORK
420 Lakeville Road, Lake Success, NY 11042

Please Print or Type

ME # _____

Name: _____, MD Male _____ Female _____

Name of Spouse: _____

Office: _____
Street City State Zip

Telephone: _____ Fax: _____

Residence: _____
Street City State Zip

Residence telephone: _____

Preferred Mailing Address: _____ Office _____ Residence

Birth: _____ Date of Birth: _____
City State or Country

Has your license to practice medicine ever been denied, suspended or revoked by any government agency? _____

If yes, indicate where, when, and why: _____

Are you currently a member of another county medical society in New York State? _____

If so, indicate which one: _____

Date licensed in New York State: _____ Board Certified: Yes () Date _____, No ()

License Number: _____ Specialty: _____

Workers' Compensation Rating: _____ Date of Rating: _____

Professional Corporation: Yes () No ()

RECORD OF MEDICAL EDUCATION

MEDICAL COLLEGE: _____
State or Country Degree Date

INTERNSHIP: _____
Hospital City State Date

RESIDENCY: _____
Hospital City State Date

FELLOWSHIP: _____
Hospital City State Date

PRESENT HOSPITAL AND CLINIC AFFILIATIONS:

Help us to inform the community about you ... Please let us know information concerning your practice, (e.g. special medical interests, on-site services, other office locations, insurance accepted, office hours, languages spoken)

RELEASE OF INFORMATION

By making application for membership in the Dutchess County Medical Society, I hereby authorize the DCMS to make inquiry of my references and institutions by which I have been employed or extended privileges, as to my qualifications. I further authorize any of the above persons or institutions to forward any and all information their records may contain agree to hold them harmless from any action by me for their acts.

In applying for membership, I agree to comply with the By-laws, rules and regulations of the county society, the district branch, and the Medical Society of the State of New York.

Date: _____ Signed: _____

Please include your Curriculum Vitae with this application, if possible.