



2018 MEMBERSHIP APPLICATION



Yes. I want to apply for membership. Please process my membership today. I am applying for:

Polk County Medical Society AMA Membership

PERSONAL INFORMATION

_____			Degree	Gender
Last Name (as shown on medical license)	First	Middle	(MD, DO)	(M, F)
_____		_____	_____	_____
Home Address		City	State	Zip
(____) _____	(____) _____	_____	_____	_____
Telephone	Fax	E-mail	Birth Date (mm/dd/year)	ME # if known
_____		_____		
NPI Number		Spouses full name		

PROFESSIONAL PRACTICE INFORMATION (IF APPLICABLE)

_____	_____	_____	_____
Iowa Medical License Number	Date License Expires (mm/dd/year)	Primary Specialty (ies)	Year of Board Certification
_____		Preferred Mailing Address	<input type="checkbox"/> Office <input type="checkbox"/> Home
Clinic Name		(____) _____	(____) _____
_____		Telephone	Fax
Address		_____	
City/State/Zip		E-mail	
_____		_____	
Name of Medical School Attended		Date of Graduation	

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

Members abide by the AMA Principals of Medical Ethics and the bylaws of the Associations. To assist us in upholding these standards, please provide answers to the following questions, sign and date.

If you answer yes to any of these questions, please attach full information.

Yes No

1. Have you ever been convicted of fraud or a felony?
2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any imposed sanctions or conditions.
3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society (ies).

The foregoing information is true and complete.

Signature

Date

Recruited by:

RETURN INFORMATION

2018 MEMBERSHIP APPLICATION

Please submit application to: Polk County Medical Society, 1520 High Street, Des Moines, IA 50309