

## APPLICATION FOR MEMBERSHIP CATAWBA COUNTY MEDICAL SOCIETY

(This form is designed to provide uniform information on applicants seeking membership and for the permanent records of the County and State Societies.)

Full Name of Applicant <small>(No Initials) (Please Print)</small>	Component Society Name  Catawba County	Primary Specialty	Secondary Specialty
Practice Name	Sex	DOB (M/D/Y)	Spouse Name
Business Address		Business Phone	Fax #
Home Address		Home Phone	Prefer Mail Sent To: <small>(Check One)</small> Business      Home
E-Mail Address	Medical Education <small>(Current Name of School)</small>	Date MD/DO Degree	Year of Initial License:
Other States Licensed In	Last Year of Training:	N.C. License Number	Date Issued
If elected to membership, I agree without reservation to conduct myself professionally and personally according to the principles of medical ethics, and to be governed by the constitution and by-laws of the North Carolina Medical Society, and the American Medical Association. (Copy may be obtained from NCMS office)  Signed _____, M.D./D.O.  Date _____		This applicant was elected on _____ (date) to the Catawba County Medical Society membership.  _____ M.D, Secretary	

**INSTRUCTIONS:** Complete and return to the Catawba County Medical Society,  
PO Box 99, Conover, NC 28613. For more information call (828)441-2200.

Catawba County Medical Society Dues	Full Year	
Active Member	\$200.00	
1 <sup>st</sup> year after training	\$100.00	

Make check payable to the **Catawba County Medical Society** in the proper amount.

**INFORMATION:** State membership is *not* a prerequisite for joining the Catawba County Medical Society. However, we urge membership in all three levels of the federation of medicine. For your convenience, North Carolina Medical Society dues amounts are listed below.

North Carolina Medical Society Dues	Full Year	
Active Member	\$418.00	
1 <sup>st</sup> year after training	\$105.00	
2 <sup>nd</sup> year after training	\$209.00	
3 <sup>rd</sup> year after training	\$314.00	

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