



# WAKE COUNTY MEDICAL SOCIETY

## Application for Membership

### Physician

Please read carefully and provide all requested information.

#### BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred

Mailing: ( ) Home ( ) Office

Date of Birth: \_\_\_\_\_ Gender: ( ) M ( ) F

Languages Spoken other than English: \_\_\_\_\_

Medical Specialty (1<sup>st</sup>): \_\_\_\_\_ (2<sup>nd</sup>): \_\_\_\_\_ North

Carolina Medical License #: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Year

Began Practice in Wake: \_\_\_\_\_

Medical School Graduated From: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Last Year of Training: \_\_\_\_\_

#### PRACTICE INFORMATION

Practice Name: \_\_\_\_\_

Primary Office Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Secondary Office Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Practice Manager: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please send information about **Project Access** (100% Access – 0% Disparity) Yes \_\_\_\_\_

**COUNTY DUES (Physicians) = \$200.00**

Make check payable to *Wake County Medical Society* and send to:

2500 Blue Ridge Road, Suite 330, Raleigh, NC 27607

(919) 792-3644 – Membership

(919) 510-9162 – Fax

**OFFICE USE ONLY**

CK # \_\_\_\_\_

Notified NCMS \_\_\_\_\_