



# APPLICATION FOR MEMBERSHIP WAKE COUNTY MEDICAL SOCIETY Physician Assistant

Please read carefully and provide all requested information.

## BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ SS #: \_\_\_\_\_  
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: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Year Began Practice in Wake: \_\_\_\_\_

## 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 – PHYSICIAN ASSISTANTS = \$130.00**

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 \_\_\_\_\_