



WAKE COUNTY MEDICAL SOCIETY

Application for Membership Physician

BIOGRAPHICAL INFORMATION

Name: _____

Email Address: _____

Special note: The Wake County Medical Society communicates with members by email. By failing to include an email address, you will not be able to receive communications from the Society, such as event invitations and special announcements.

Home Address: _____

ZIP: _____ Phone: _____

Medical Specialty (1st): _____

Medical Specialty (2nd): _____

North Carolina Medical License #: _____ Date of Issuance: _____

Year Began Practice in Wake : _____ Last Year of Training _____

PRACTICE INFORMATION

Practice Name: _____

Primary Office Address: _____

Zip: _____ Phone: _____ Fax: _____

COUNTY DUES (Physicians) = \$200.00

Make check payable to *Wake County Medical Society*
Mail to: 118 Oldham Place, Chapel Hill, NC 27516

QUESTIONS: Contact Paul Harrison, Executive Director, pharrison@wakedocs.org

OFFICE USE ONLY

Check # _____ Notified NCMS _____