Charleston County
MEDICAL SOCIETY
~ Est. 1952 ~

198 Rutledge Ave, Ste 7 Charleston, SC 29403
Office [843] 577-3613 - Fax [843] 722-2846

NEW MEMBER APPLICATION

DEMOGRAPHIC DATA Please Print

First		Middle		Last		Degree	
AKA/ Maiden		❒ Male ❒ Female		Date of Birth			
				Place of Birth			

Specialty		Other Medical Interests					
SC Lic #		Issue Date		Other License	1. State	Number #	SCMA Member? ❒ Yes ❒ No

BOARD CERTIFICATION

Board		Board		Board	
Cert Date		Cert Date		Cert Date	
Recert Date		Recert Date		Recert Date	
Eligible		Eligible		Eligible	

PRACTICE DATA

Practice Type	❒ Solo ❒ Group ❒ Gov't ❒ Other:				❒ Student ❒ Resident ❒ Fellow
Practice/Group Name				NPI #	
Practice Partners					
E-Mail Address			Website		
Preferred Mailing Address	❒ Home ❒ Office	Preferred Method of Communication			❒ Email ❒ FAX ❒ US Mail
		Which year did you start your practice?			
Are you accepting new patients?	❒ Yes ❒ No	Do you wish CCMS to refer patients to you?			❒ Yes ❒ No
Do you spend @ least 20% of your time seeing private patients?	❒ Yes ❒ No	If no, are you:	Engaged in full-time research?		❒ Yes ❒ No
			Engaged in full–time teaching?		❒ Yes ❒ No
			A commissioned medical officer on active duty?		❒ Yes ❒ No
			A full-time employee of any government agency?		❒ Yes ❒ No
			Primarily providing administrative services?		❒ Yes ❒ No
Current Hospital Affiliations	❒ Roper ❒ Mt Pleas Hosp ❒ St Francis ❒ E Cooper ❒ Trident ❒ MUSC ❒ VAMC ❒ Other:				

	Street	City	ST	Zip	Phone	Fax
Primary Practice Address						
Additional Practice Site						
Additional Practice Site						
Additional Practice Site						

Practice Administrator		Administrator's E-mail Address	Phone	Fax

➔ OVER

Previous Practice Locations	Street	City	State	Zip	Phone	Fax
	Street	City	State	Zip	Phone	Fax
	Street	City	State	Zip	Phone	Fax

TRAINING

Medical School		City		Grad Year		
Internship				Dates		
Residency				Dates		
Residency				Dates		
Fellowship				Dates		
Fellowship				Dates		

MEMBERSHIPS

Specialty Society Memberships		Previous Medical Society Memberships	

PERSONAL DATA

Home Address	Street	City	State	Zip	Home Phone	Home Fax

Spouse's Name		Spouse's Email			
Home E-mail Address		Do you speak a second language?	❒ Yes ❒ No	Language:	

Have you ever been convicted of a felony or misdemeanor? ❒ No ❒ Yes (please provide information under separate cover)

By my signature, I agree to accept and be bound by the *Articles of Incorporation and Bylaws of the Society*, and the *Principles of Medical Ethics of the AMA*, together with all future amendments of such *Articles of Incorporation, Bylaws or Principles of Medical Ethics* which may be duly adopted by the respective organizations.

I hereby release, and hold harmless from any liability or loss, the Charleston County Medical Society, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and or organizations, who, in good faith and without malice, provide information to the above named organizations or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership. 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 Society.

_____ _____

Applicant's Signature **Date**

I am applying for the following membership: [*please* ✓]

	Regular Member		Senior Member: > 70 who has paid dues for 35 yrs in this or component medical societies & have been a member of CCMSs for @ least 10 years
	Courtesy Member: Regular member in good standing who enters into FT post-graduate training or who moves temporarily out of the Chas area.		Associate-Retired: < 70 who has paid dues for 35 yrs in this or component medical societies & have been a member of CCMSs for @ least 10 years
	Affiliate Member-Non-physicians engaged exclusively in research or teaching		Associate Member [military]
			Associate Member [in training]
	Photo Enclosed - OPTIONAL		Associate Member [medical student]

For Office Use Only: _____ Database _____ Website Updated 5/2013