

Applicant's Signature

Charleston County Medical Society 198 Rutledge Ave, Suite 7, Charleston, SC 29403 Tel:843-577-3613 - Fax:843-722-2846

www.CharlestonMedicalSociety.org

NEW MEMBER APPLICATION

First Name				Middle			Last			Degree	□ MD □ DO	
Preferred Name				☐ Male			Date of	Birth				
				☐ Female			Place of Birth					
E-Mail Address						Website		е				
							COMA Momb			•		
Specialty						SC Lic#		SCMA Member?				
						NPI#	Board Certification		☐ Yes ☐ No			
Board Certification Certification Date						Certification Date						
Board Eligible						Board Eligible						
Board Eligible				Dodiu Liigibie								
Practice Type		☐ Solo ☐ Group ☐ Gov't ☐			Hospital □ Other: □ Stud			☐ Student	udent □ Resident □ Fellow			
Practice/Group Name												
Prac	ctice Partners											
Practice Administrator Nam		tor Name				Admin Email				Admin Phone		
Accepting new patients?			□ Yes □ No			Do you wish CCMS to refer patients to you?			to you?	□ Yes □ No		
Hospital Affiliations		ns	☐ Roper ☐ Mt.Pleasant F			sp □ St. Francis □ E.Cooper □ Tride			rident □ MU	dent □ MUSC □ VAMC □ Other:		
Primary		Street		Ci	City State		Zip	Phone	Fax			
Prac	ctice Address											
Additional		Street			Ci	City State			Zip	Phone	Fax	
Practice Site												
Madiaal Oakaal				0:	. .		01					
Medical School				Ci	•		Grad `	rear				
Residency				Ci			Dates					
Fellowship				Ci	y Date		Dates					
Home Address		Street		Ci	City		Zip		Home Phone			
Spouse's Name						Spouse's Email						
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I am applying for the following membership: [check only one]												
Regular Member regular practice (\$290 p			r year)			Retired: Younger than 70 years of age and who has paid dues for 35 years in this or component medical societies (\$145 per year)						
	□ Resident or Fellow (no annual dues)					Senior: Over 70 years of age and medical societies (no annual dues			o has paid dues	s for 35 years ir	this or component	
	Medical Student (no annual dues)					Military (no annual dues)						

Date