

## NEW MEMBER APPLICATION

First Name		Middle		Last		Degree	<input type="checkbox"/> MD <input type="checkbox"/> DO
Preferred Name		<input type="checkbox"/> Male		Date of Birth			
		<input type="checkbox"/> Female		Place of Birth			
E-Mail Address				Website			

Specialty		SC Lic #		SCMA Member?
		NPI #		<input type="checkbox"/> Yes <input type="checkbox"/> No
Board Certification		Board Certification		
Certification Date		Certification Date		
Board Eligible		Board Eligible		

Practice Type	<input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Gov't <input type="checkbox"/> Hospital <input type="checkbox"/> Other:	<input type="checkbox"/> Student <input type="checkbox"/> Resident <input type="checkbox"/> Fellow
Practice/Group Name		
Practice Partners		
Practice Administrator Name	Admin Email	Admin Phone

Accepting new patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish CCMS to refer patients to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital Affiliations	<input type="checkbox"/> Roper <input type="checkbox"/> Mt.Pleasant Hosp <input type="checkbox"/> St. Francis <input type="checkbox"/> E.Cooper <input type="checkbox"/> Trident <input type="checkbox"/> MUSC <input type="checkbox"/> VAMC <input type="checkbox"/> Other:		

<b>Primary</b> Practice Address	Street	City	State	Zip	Phone	Fax
Additional Practice Site	Street	City	State	Zip	Phone	Fax

Medical School		City		Grad Year	
Residency		City		Dates	
Fellowship		City		Dates	

Home Address	Street	City	State	Zip	Home Phone
Spouse's Name	Spouse's Email				

I am applying for the following membership: [check only one]	
<input type="checkbox"/> <b>Regular Member</b> regular practice (\$290 per year)	<input type="checkbox"/> <b>Retired:</b> Younger than 70 years of age and who has paid dues for 35 years in this or component medical societies (\$145 per year)
<input type="checkbox"/> <b>Resident or Fellow</b> (no annual dues)	<input type="checkbox"/> <b>Senior:</b> Over 70 years of age and who has paid dues for 35 years in this or component medical societies (no annual dues)
<input type="checkbox"/> <b>Medical Student</b> (no annual dues)	<input type="checkbox"/> <b>Military</b> (no annual dues)

Applicant's Signature

Date