



**Manatee County Medical Society
&
Florida Medical Association
Membership Application**

FMA/MCMS Membership Rate Information	
\$395.00	Manatee County Active Dues
\$450.00	FMA Dues
* \$50 MCMS application fee	
Please Return Application & Membership Dues to Manatee County Medical Society 4808 26 th St. West, Bradenton, FL 34207 (941) 755-3411 FAX (941) 753-1399	

***PLEASE INCLUDE A COPY OF YOUR CURRICULUM VITAE & E-mail Photo**

PERSONAL INFORMATION (please print or type)

Last Name _____ First _____ Middle _____ MD DO
 FL. NPI #: _____ FL Medical License #: _____ Sex: Male Female
 Date of Birth: ____/____/____ Place of Birth: _____
 Spouse's Full Name: _____
 Practice/Group Name: _____
 Practice/Group Administrator: _____ (Administrator's email) _____
 Practice Type: Solo Group Employed Government Based Academic Other
 Primary Specialty: _____
 Secondary Specialty: _____ **Website address:** _____
Name of FMA/MCMS Member that recruited you: _____

MAILING INFORMATION

Please provide both addresses for our personal use. Do you prefer to receive mail at HOME OFFICE

Primary Office Address	Home Address
Primary Office City/State/Zip	Home City/State/Zip
Primary Office Phone	Home Phone
Primary Office FAX	Home FAX
Email Address	Home Email Address

EDUCATION

	Institution	Location	Degree
Medical School:	_____	_____	Date: _____
Internship:	_____	_____	Date: _____
Residency:	_____	_____	Date: _____
Fellowship:	_____	_____	Date: _____

BOARD CERTIFICATIONS

1. Name of Board: _____

Certified in _____ Date: _____

2. Name of Board: _____

Certified in _____ Date: _____

HOSPITAL AFFILIATIONS

1. Hospital _____ City: _____

2. Hospital _____ City: _____

3. Hospital _____ City: _____

MEMBERSHIP APPLICATION & QUALIFICATION QUESTIONS

Membership in Medical Organizations:

Have you ever been a member of the FMA? Yes () No () County Medical Society Yes () No ()

Are you a member of the American Medical Association? Yes () No ()

Are you a member of your specialty organization? Yes () No ()

Initial date of Practice in Manatee County: _____ Multi-lingual: Yes () No (), Language: _____

Yes No

Have you ever been convicted of a felony or misdemeanor, or held for violation of Federal or State narcotic laws; or the illegal use or sale of drugs? (If yes, please provide full information.)

Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked? (If yes, please provide full information.)

Have any disciplinary actions ever been taken regarding your hospital privileges or medical society membership? (If yes, please provide full information.)

By my signature, I agree to accept and be bound by the Articles of Incorporation and Bylaws of the Association, and the Principle 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.

*** If any changes come into effect during your membership, you must notify your County Medical Society. Please explain any gaps in years of practicing.**

I, hereby release, and hold harmless from any liability or loss, the 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 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.

I hereby certify that the foregoing is true and correct to the best of my knowledge. I understand and agree that if I knowingly make a false representation in this application or a representation that in the exercise of reasonable care I should have known to be false, the FMA and/or component medical society has the authority to reject this application.

The foregoing information is true and complete.

Signature

Date

The endorsement, deposit or negotiation of an applicant's check does not constitute admission into or acceptance of membership by the CMS or FMA. Checks received will routinely be negotiated and deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a check refunding the amount sent in.