



RESIDENT/FELLOWSHIP
APPLICATION FOR MEMBERSHIP

Indiana State Medical Association
County Medical Society
American Medical Association

Last/First/Middle

Maiden

M.D./D.O.

Social Security Number

Male or Female

Place of Birth (City, State)

Date of Birth

Spouse Name (please include title if applicable)

HOME address:

Street

City, State, Zip

() _____
Home Phone

() _____
Home FAX

E-Mail Address

PROFESSIONAL INFORMATION

SPECIALTY

Only the primary specialty will be listed in the ISMA directory

Primary _____ Board Certified (Year) _____

Secondary _____ Board Certified (Year) _____

ADDRESSES and PHONE NUMBERS

PREFERRED ADDRESS: OFFICE _____ HOME _____
(please check one)

List your **PRIMARY OFFICE/RESIDENCY PROGRAM** address:

Street

City, State, Zip

() _____
Office Phone

() _____
Office FAX

E-Mail () _____
Beeper Number

Medical School _____
Year Of Graduation

Residency _____
Year Began/Completed
(expected completion)

Residency _____
Year Began/Completed
(expected completion)

Fellowship _____
Year Began/Completed
(expected completion)

Year of IN License _____
Indiana License Number _____
UPIN Number

Resident - 1st Year _____
Clinical Fellow

Resident - Other Years _____
Research Fellow

Who recruited you to the Medical Society? _____

Previous medical society memberships: _____

National and state specialty society memberships: _____

Please read the following, sign and return.

If admitted to this society, I will faithfully observe all its rules and regulations, do all in my power to further its interests and the profession and observe the Principles of Medical Ethics of the American Medical Association and the Rules of the Council on Ethical and Judicial Affairs.

Physician Signature

Date

Program Director's Signature

Date

Mail to:
ISMA
Attn: Vicki Riley
322 Canal Walk
Indianapolis, IN 46202
Phone: (317) 454-7735
Fax: (317) 261-2226

PLEASE NOTE

The following information may be disseminated for public use:

Office Address and Phone Numbers

Specialties and Board Certifications

UPIN Numbers

Medical School of Graduation and Graduation Date

Any additional information supplied will be used for statistical purposes ONLY.

Within 30 days of receipt of the approved application from your county medical society, the ISMA will forward a dues statement. Thereafter, renewal of your county, state, and district memberships will be due by January 15th of each calendar year. As a convenience, you may remit your AMA dues along with your ISMA and county dues. Optional contributions to the Indiana Medical Political Action Committee (IMPAC) and the Indiana Medical History Museum may also be included.

In most cases, medical association dues (except for specific governmental affairs expenses) may be deductible as professional or business expenses to the extent allowable by law. Dues and other contributions to the Indiana State Medical Association the American Medical Association, any county society and district society, and IMPAC are not deductible as charitable contributions for federal income tax purposes. In addition, no portion of any dues paid to AMPAC or IMPAC can be deducted as a business expense on your federal income tax return.