

FORT WAYNE MEDICAL SOCIETY  
Membership Application Addendum



Attn: Vicki Riley  
322 Canal Walk  
Indianapolis, IN 46202-3268  
Telephone: (317) 454-7735  
Fax: (317) 261-2076

Physician Applicant: \_\_\_\_\_

Sponsors

(Personal signatures of three members of the society are required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Undergraduate Education: \_\_\_\_\_

Place

City/State

Month/Year

Record Of Practice: (List communities and dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other State Licenses: \_\_\_\_\_ Year issued \_\_\_\_\_

1. Has your license to practice medicine in any jurisdiction ever been suspended, revoked or limited in any manner by any state licensing authority? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been expelled, suspended or censured by any medical society? If yes, please explain:

\_\_\_\_\_

3. Have you ever been convicted of or pled guilty or no contest to a crime (excluding minor traffic violations)? If yes, please explain:

\_\_\_\_\_

4. Are you addicted to the use of alcohol or any other drugs (including narcotics) or have you taken any treatment in the past for addiction: If yes, please explain:

\_\_\_\_\_

5. Are you willing to serve on the medical society committees? If yes, which ones?  
\_\_\_\_\_
6. Will you accept new patients?  
\_\_\_\_\_
7. What is your answering service? \_\_\_\_\_  
Phone # \_\_\_\_\_
8. Do you have a pager? \_\_\_\_\_  
Are you interested in obtaining one? \_\_\_\_\_

**In the event your application is approved, you may wish your picture to be included in the society's pictorial membership directory. If so, you are invited to include your photograph with this application. (Glossy photograph of yourself, head and shoulder style, suitable for reproduction, preferably size 4"X4" or 5"X7").**

**Please enclose a check for \$25.00 for application fee payable to Fort Wayne Medical Society.**

We, the undersigned members of the Board of Peer Review, recommend the admittance of

Dr. \_\_\_\_\_ to membership this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signed:)

\_\_\_\_\_

We, the undersigned members of the Board of Trustees, recommend the admittance of

Dr. \_\_\_\_\_ to membership this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signed)

Chairman: \_\_\_\_\_

Secretary: \_\_\_\_\_

Presented to the society this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Read a second time and elected to the society on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_Secretary