



## Indiana State Medical Association Member Application

Instructions: This is an electronic version of the ISMA member application. Please type your information into the fields provided then [e-mail](#) this application back to the ISMA as an attachment. If you wish to fill out the application by hand, you may print it and mail the completed form back to the address listed at the end of the application.

[Vigo County](#) and [Fort Wayne](#) practitioners must print and fill out additional addendums for those areas. Click on your area above for a printable pdf of the addendum. These must be mailed in.

If you reside in the Indianapolis area, please [click here](#), print, fill out and mail the Indianapolis area application instead.

**\*Denotes Required Field**

Please fill in your resource code:

If you have a paper application or a postcard, the resource code is located at the bottom. Example: SMAPCF08

### Personal Information

\_\_\_\_\_  
\*First name Middle \*Last

\_\_\_\_\_  
Place of Birth – City, State \*Date of Birth (MM/DD/YYYY) Male Female (\*choose one)

\_\_\_\_\_  
Spouse Name (please include title if applicable) Social Security Number (no dashes)

**\*HOME** address:

\_\_\_\_\_  
\*Street \*City, State, Zip

\_\_\_\_\_  
\*Home Phone (no dashes) Home FAX (no dashes)

\_\_\_\_\_  
E-Mail

**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:  
(please check one)

OFFICE

HOME

List your **PRIMARY OFFICE** address:

Street

City, State, Zip

Office Phone (no dashes)

Office FAX (no dashes)

E-Mail

(your e-mail will not be given to third parties)

Pager Number (no dashes)

**Corporation/Practice Name:** \_\_\_\_\_

**Office Manager:** \_\_\_\_\_

Previous Practice Location: \_\_\_\_\_

\_\_\_\_\_



**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. I hereby give permission to the Credentials Committee of any hospital to release information deemed necessary for membership in the medical society.

**\*Electronic Signature:** By typing your name below, you are submitting an electronic signature acknowledging this form has been filled out by you and that all information is legitimate.

\_\_\_\_\_  
**\*Physician Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

**Please see the page below for state, county and district medical society membership.**

**Please mail to:**

Attn: Vicki Riley, 322 Canal Walk, Indianapolis, IN, 46202-3252  
Questions: (317) 454-7735 or 1-800-257-4762, Fax: (317) 261-2226  
Or save to your desktop and attach to an e-mail: [vriley@ismanet.org](mailto:vriley@ismanet.org)

<b>County Office Use Only</b>	
_____	_____
County Society Officer	Date
_____	_____
County Society Officer	Date

**\*\*Note\*\*** Number of signatures may vary by county

***PLEASE NOTE***

<p><b>The following information may be disseminated for public use:</b> <b>Office Address and Phone Numbers</b> <b>Specialties and Board Certifications</b> <b>UPIN Numbers</b> <b>Medical School of Graduation and Graduation Date</b></p> <p><b>Any additional information supplied will be used for statistical purposes ONLY.</b></p>
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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.

Adams  
 Bartholomew/Brown  
 Benton  
 Boone  
 Carroll  
 Cass  
 Clark  
 Clay  
 Clinton  
 Daviess-Martin  
 Dearborn/Ohio  
 Decatur  
 DeKalb  
 Delaware/Blackford  
 DuBois  
 Elkhart  
 Fayette/Franklin  
 Floyd  
 Ft. Wayne (Allen)  
 Fountain/Warren  
 Fulton  
 Gibson  
 Grant  
 Greene  
 Hamilton  
 Hancock  
 Harrison/Crawford  
 Hendricks  
 Henry  
 Howard  
 Huntington  
 Indianapolis (Marion)  
 Jackson  
 Jennings  
 Jasper/Newton  
 Jay  
 Jefferson/Switzerland  
 Johnson  
 Knox  
 Kosciusko  
 LaGrange  
 Lake  
 LaPorte  
 Lawrence  
 Madison  
 Marshall  
 Miami  
 Monroe Owen  
 Montgomery  
 Morgan  
 Noble  
 Orange  
 Perry  
 Pike  
 Porter  
 Posey  
 Pulaski  
 Putnam  
 Randolph  
 Ripley  
 Rush  
 St. Joseph  
 Scott  
 Shelby  
 Spencer  
 Starke  
 Steuben  
 Sullivan  
 Tippecanoe  
 Tipton  
 Vanderburgh  
 Vigo/Parke/Vermillion  
 Wabash  
 Warrick  
 Washington  
 Wayne/Union  
 Wells  
 White  
 Whitley  
 Resident Medical Society



## APPLICATION FOR MEMBERSHIP

### State, County and District Medical Societies

\_\_\_\_\_  
**LAST/FIRST/MIDDLE** **MAIDEN** **M.D./D.O.**

\_\_\_\_\_  
**COUNTY MEDICAL SOCIETY**

\_\_\_\_\_  
**DATE (MM/DD/YYYY)**

ISMA OFFICE USE ONLY	
ME # _____	EFFECTIVE DATE: _____
COUNTY CODE: _____	SPEC CODE: _____
CLASS CODE: _____	