

# Intern / Resident / Fellow Membership Application

This application is for membership in the Tennessee Medical Association and The Memphis Medical Society.

There is **no cost** for Intern, Resident or Fellow membership either in the County Medical Society or the State Medical Association.

## PERSONAL DATA

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

MD  DO

Male  Female Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_

TN Medical License #: \_\_\_\_\_ (if you do not yet have one, leave blank) NPI #: \_\_\_\_\_

Marital Status:  Single  Married Maiden Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

## ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for correspondence)

Primary Office Street/PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Street/PO Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_

Email: \_\_\_\_\_  Check here if you prefer email communication

Office Phone: \_\_\_\_\_

**Consent to Email:**  YES  NO

*I understand that by providing my email address and checking "yes" above, I consent to receive emails sent by the Tennessee Medical Association or The Memphis Medical Society.*

Cell Phone: \_\_\_\_\_

## MEDICAL TRAINING

Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

Board Certification(s): \_\_\_\_\_ (if not yet Board certified, leave blank)

*Boards and Dates*

Residency

Fellowship \_\_\_\_\_

*Name of Institution, Location, Specialty, Degree*

Residency

Fellowship \_\_\_\_\_

*Name of Institution, Location, Specialty, Degree*

Medical School \_\_\_\_\_

*Name of Institution, Location, Graduation Date, Degree*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please remit your completed application to:

### The Memphis Medical Society

1067 Cresthaven Road

Memphis, TN 38119

901-761-0200 phone

901-761-2944 facsimile

acook@mdmemphis.org