

Membership Application

- I want to apply for membership through the _____ County Medical Society.
- Yes, I also want to join the American Medical Association (AMA).

PERSONAL INFORMATION

Last Name Suffix First Name Middle Name (_____) Informal Degree Gender

Home Address City State Zip

Home Phone Fax Email Birthdate

PROFESSIONAL PRACTICE INFORMATION (if applicable)

Medical School Location Date AMA ME# (if known)

Alabama State License Date of Issue Other State Licenses Primary Specialty Sub-Specialty Sub-Specialty

Company Name

Office Address Line 1 Office Address Line 2

City State Zip

Work Phone Fax Email

Preferred Mailing Office Home Hospital Affiliation: _____

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

If you answer yes to any of these questions, please attach full information.

- YES NO 1. Have you ever been convicted of fraud or a felony?
- YES NO 2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions.
- YES NO 3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

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 medical society(ies).

I hereby release, and hold harmless from any liability or loss the _____ County Medical Society, and the Medical Association of the State of Alabama, 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

I agree to abide by the code of ethics of the American Medical Association as modified by the Medical Association of the State of Alabama.

I am aware that the information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

Applicant's Signature Date

The Medical Association continues its first year discounted dues level of \$200. MASA has unified membership with county medical societies and therefore must collect county dues in addition to state dues. Please refer to the chart below to determine your county society dues. State and county dues must be submitted with the application for membership.

County Medical Soc. \$
 Medical Association of Alabama \$200.00

Total Dues Amount \$

Make check payable to:
 Medical Assn of Alabama (MASA)

County Medical Society
 Dues Rates
 2010

County	1st Year Member Dues	County	1st Year Member Dues
Autauga	\$ 25.00	Jackson	\$ 125.00
Baldwin	\$ 150.00	Jefferson	\$ 100.00
Barbour	-	Jefferson/UAB only	\$ 75.00
Bibb	-	Lamar	\$ 25.00
Blount	\$ 10.00	Lauderdale	\$ 75.00
Bullock	-	Lawrence	\$ 50.00
Butler	-	Lee	\$ 150.00
Calhoun	\$ 75.00	Limestone	\$ 100.00
Chambers	\$ 35.00	Lowndes	-
Cherokee	\$ 10.00	Macon	\$ 25.00
Chilton	-	Madison	\$ 150.00
Choctaw	-	Madison/UAB only	\$ 150.00
Clarke	\$ 35.00	Marengo	-
Clay	-	Marion	\$ 100.00
Cleburne	\$ 75.00	Marshall	\$ 200.00
Coffee	-	Mobile	\$ 150.00
Colbert	\$ 60.00	Monroe	\$ 50.00
Conecuh	\$ 25.00	Montgomery	\$ 150.00
Coosa	-	Morgan	\$ 100.00
Covington	\$ 100.00	Perry	\$ 5.00
Crenshaw	-	Pickens	\$ 15.00
Cullman	\$ 100.00	Pike	-
Dale	\$ 75.00	Randolph	\$ 25.00
Dallas	\$ 50.00	Russell	\$ 50.00
DeKalb	\$ 25.00	St. Clair	\$ 20.00
Elmore	\$ 30.00	Shelby	\$ 25.00
Escambia	\$ 100.00	Sumter	\$ -
Etowah	\$ 50.00	Talladega	\$ 60.00
Fayette	-	Tallapoosa	\$ 50.00
Franklin	\$ 30.00	Tuscaloosa	\$ 125.00
Geneva	\$ 200.00	Walker	\$ 150.00
Greene	-	Washington	-
Hale	-	Wilcox	-
Henry	-	Winston	-
Houston	\$ 175.00		

Credit Card Form

Name _____

Address _____

Phone _____

MasterCard Visa Amex **EXP. DATE** _____

CC# _____ **CSC#** _____

3 digit # located on back of
 Visa & MASA; 4 digit #
 located on front of Amex

Signature _____