

I, the undersigned, hereby apply for Active (), Associate (), or other () membership in the Medico-Chirurgical Society of the District of Columbia and respectfully submit the following information as to my qualifications:

Last Name _____

First Name _____

Middle _____ Title _____

Preferred Mailing Address: _____ City

State/ Prov. _____ Zip _____ County _____ () Office or () Residence

Preferred Phone No. () _____ Cell Phone No. () _____ e mail

address _____

Address (#2)s: _____ City

State/ Prov. _____ Zip _____ County _____ () Office or () Residence

Phone No. () _____ Cell Phone No. () _____ e mail

address _____

Date of birth: month _____ date _____ year _____ Sex: Male _____ Female _____

Medical or/ other Health Science or/ other Graduate School: _____ Year of graduation: _____

Specialty: _____ Subspecialty _____

Residencies (when and where): _____

Fellowship(s) (when and where)

Date of Health Science License: month _____ date _____ year _____ State/ Territory _____.

Dates and places of practice other than the District of Columbia: _____

Current (or former)
position(s): _____

Hospital Staff Membership: _____ Date of Appointment

To add more information, attach additional page(s)

Please place an X to the right of any information above that you do not desire to be published in a 'Med-Chi' directory Annual Dues by Membership category: (Check applicable category)

() Active \$200, () Associate \$75, () Student \$15, () PG Trainee \$25, () 1st 2 yrs. in practice \$50. Date: _____ Signature of
applicant: _____

Endorsed by (Endorsement must be signed by two Active members of the Medico-Chirurgical Society):

1. _____, M.D. 2. _____
M.D.

Send your application to:

The Medico-Chirurgical Society of the District of Columbia

Post Office Box 77013, Washington, D. C., 20013-8013

Enclose Check payable to: Med-Chi of D. C., Inc. .

Action by Board of Censors: Approved or Disapproved Action by the Board of Governors:

_____, M.D., Chairman

_____ M.D.

_____, Member Recording Secretary _____ Date

_____, Member (Condensed format)