



- APPLICATION FOR MEMBERSHIP -

MEDICAL SOCIETY OF THE STATE OF NEW YORK AND THE MEDICAL SOCIETY OF THE COUNTY OF ONTARIO

Eric A. Birken, MD • 231 Parrish Street • Canandaigua NY 11424 • 585-394-8800



County and state membership is unified. Physicians may join the county society where they practice or where they reside.

Check if also applying to the AMERICAN MEDICAL ASSOCIATION (dues below)

NAME Last First MI Jr./Sr. SOC SEC #

HOME ADDRESS (H) City State Zip

HOME TEL () HOME FAX ()

GROUP NAME (If applicable) Group manager's Email

OFFICE ADDRESS (O)

Send mail to H O City State Zip

OFFICE TEL () OFFICE FAX ()

E-MAIL DATE OF BIRTH Male Female

MEDICAL SCHOOL YEAR OF GRADUATION MD DO

DATE OF COMPLETION OF RESIDENCY/FELLOWSHIP OTHER DEGREES

CHECK IF WORKING FEWER THAN 20 HOURS/WEEK NAME OF SPOUSE

CURRENT HOSPITAL AFFILIATIONS (If none, please list any HMO affiliations and provide your CV.)

Table with 2 columns: HOSPITAL/LOCATION, POSITION/SPECIALTY

NYS LICENSE # DATE GRANTED DATE ENTERED PRACTICE

BOARD CERTIFIED? YEAR SPECIALTY

WORKERS' COMP BOARD RATING ECFMG # (If attended medical school abroad)

ARE YOU ACCEPTING NEW PATIENTS? Yes No

- Has your license to practice medicine ever been denied, suspended, revoked, or voluntarily surrendered?
Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered?
Have you ever been convicted of or pled guilty to any act that constitutes a misdemeanor or felony?

Have you ever been a member of this or any other county medical society? County When?

Is there a member we can thank for encouraging you to join? (Name)

PHYSICIAN'S ATTESTATION: "In applying for membership, I agree to comply with the bylaws, rules and regulations of the county society, the district branch, and the Medical Society of the State of New York. In providing fax and e-mail information, I give the medical societies permission to send me news updates, important legal/legislative notices, seminar invitations, advertisements and web links."

PLEASE CHECK HERE TO INDICATE AGREEMENT DATE

Applications postmarked by December 31, 2004 will be accepted at the following 2004 rates:

- My dues payment is provided as indicated for ONTARIO COUNTY and MSSNY membership - 2005:
Established Physician: \$619 Resident/Fellow: \$35
1st Year Practice: \$400 2nd Year Practice: \$400

(Make check payable to "Medical Society" or use the form on the reverse for credit card payment. Thank you.)

The county society may require additional information.