



Office Use Only:

19 South Jackson Street • Post Office Box 1900  
Montgomery, Alabama 36102-1900

## MEMBERSHIP APPLICATION

I want to apply for membership through the JEFFERSON County Medical Society.

### PERSONAL INFORMATION

					<u>( )</u>	<u>Degree</u>	<u>Gender</u>
_____ Last Name	_____ Suffix	_____ First Name	_____ Middle Name	_____ Informal			
_____ Home Address				_____ City	_____ State	_____ Zip	
_____ Home Phone	_____ Fax	_____ Email	_____ Birthdate	_____ Spouse			

### 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	
_____ Residency Location			_____ Board Certification			
_____ Company Name			_____ Hospital Affiliation:			
_____ Office Address Line 1			_____ Office Address Line 2			
_____ City		_____ State	_____ Zip			
_____ Work Phone	_____ Fax	_____ Email				
_____ Preferred Mailing		<input type="checkbox"/> Office	<input type="checkbox"/> Home	<input type="checkbox"/> Opt-out of Third Party Solicitations		

### MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

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

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?  
YES \_\_\_\_\_ NO \_\_\_\_\_

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.

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 membership.

The foregoing information is true and complete

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date