



Marion-Polk County Medical Society

ADVOCATE. COLLABORATE. EDUCATE.

2019 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name & Credential:

Date of Application:

DOB:

Phone:

Home Address:

City:

State:

ZIP Code:

Email*(Required):

Spouse's Name:

EMPLOYMENT/CLINIC INFORMATION

Organization:

Organization Address:

City:

State:

Zip:

Office Phone:

Office Fax:

OR License #:

Administrator:

Admin Email:

Specialty:

DISCIPLINARY HISTORY

Have you ever been subject to disciplinary review or action by a state Board of Medical Examiners, Board of Nursing or a county or state medical society? *(circle one)* Yes No

If YES, please attach explanation

HOW WOULD YOU LIKE TO RECEIVE OUR CHART NOTES QUARTERLY NEWSLETTER?

I would like ChartNotes mailed to my home.

I would like ChartNotes mailed to my office.

I would like an electronic copy of ChartNotes emailed to me.

PLEASE EMAIL A PHOTO FOR OUR ANNUAL DIRECTORY TO INFO@MPMEDSOCIETY.ORG

\$50 APPLICATION FEE

Please **DO NOT** include your dues payment with this application.

Enclose ONLY your \$50 application fee with this form.

Dues will be invoiced after the Board of Directors approves your membership.

The Board meets on the 2nd Tuesday of the month, Sept-June.



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MEMBERSHIP CLASSIFICATION		
Check Appropriate Box		
First Year: Physician in first year of practice in local area	\$273.75	<input type="checkbox"/>
Active Physician: Established MD/DO/DPM	\$365.00	<input type="checkbox"/>
Part Time/Semi-Retired: Physician not practicing more than 20 hrs/wk	\$165.00	<input type="checkbox"/>
Retired: Fully retired physician	\$65.00	<input type="checkbox"/>
Physician Assistant or Advanced Practice Nurse	\$150.00	<input type="checkbox"/>
SIGNATURES		
I authorize the verification of the information provided on this form, including the verification of my license to practice medicine in the state of Oregon, and hereby apply for membership in the Marion-Polk County Medical Society. I agree to abide by its By Laws and the Principles of Medical Ethics.		
Signature of applicant:	<input type="text"/>	
Print Name:	Date:	<input type="text"/>

Benefits of Membership

Confidential Counseling Services

ChartNotes Quarterly Newsletter/Magazine

Annual Membership Directory & Resource Guide

Annual Salary & Benefit Survey Report

Member Events

Educational Events

Special Events

Advocacy

Collaboration & Connection