Marion-Polk County Medical Society
ADVOCATE. COLLABORATE. EDUCATE.

2022 MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Full Name & Credential:		
Date of Application:	DOB:	Cell Phone:
Home Address:		
	State:	ZIP Code:
Email*(Required):		OR License #:

EMPLOYMENT/CLINIC INFORMATION		
Organization:		
Organization Address:		
City:	State:	Zip:
Office Phone:	Office Fax:	Specialty:
Office Contact:		

WHERE WOULD YOU LIKE MAILINGS/UPDATES SENT?	
HOME	
OFFICE	

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.

Marion-Polk County Medical Society ~ PO Box 246, Salem, OR 97308
Phone: 971.720.1667 ~ Fax: 503.585.8547 ~ Email: exec@mpmedsociety.org

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MEMBERSHIP CLASSIFICATION Check Appropriate Box		
First Year: Physician in first year of practice in local area	$273.75	
Active Physician: Established MD/DO/DPM	$365.00	
Part Time/Semi-Retired: Physician not practicing more than 20 hrs/wk	$165.00	
Retired: Fully retired physician (Member < 30 years)	$65.00	
Physician Assistant or Advanced Practice Nurse	$150.00	

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. When voted into membership, I agree to abide by the Marion-Polk County Medical Society By-Laws and the Principles of Medical Ethics.

Signature of applicant:

Print Name:	Date:

Benefits of Membership

Confidential Counseling Services

ChartNotes Quarterly Newsletter/Magazine

Annual Membership Directory & Resource Guide

Member Events

Educational Events

Special Events

Advocacy

Collaboration & Connection

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