APPLICATION FOR MEMBERSHIP

WILL-GRUNDY COUNTY MEDICAL SOCIETY
ILLINOIS STATE MEDICAL SOCIETY

APPLICANT INFORMATION

Applicant (please print): _____M.D D.O.

Office Address: _____
STREET

_____
CITY STATE ZIP

Phone: (_____)_____ Fax: (_____)_____ E-Mail: _____

Place Of Birth: _____ Date Of Birth: _____/_____/_____ Sex M

Specialty: _____ Type Of Practice: Group Solo

EDUCATION

Undergraduate Institution: _____ Year of Graduation: _____

Medical School:_____ Year of Graduation: _____

Residencies/Internships/Fellowships:

Hospital: _____ Type: _____ Years(s): 19_____ - ___

Hospital: _____ Type: _____ Years(s): 19_____ - ___

Hospital: _____ Type: _____ Years(s): 19_____ - ___

Year Illinois Medical License received: _____ License #: _____

NPI #: _____ DEA #: _____

Hospital on staff:

Has your license to practice medicine ever been suspended or revoked? Yes No
Have your hospital privileges ever been suspended or revoked? Yes No
Has your participation in any internship or residency program been terminated prior to its conclusion? Yes No

If you have answered yes to any of the above three questions, please provide an explanation on the reverse side of this applicatio

Other medical organization memberships (specialty societies, etc.):

1. _____ 2. _____

3. _____ 4. _____

Board Certification(s): _____ Year: _____

_____ Year: _____

Residential Address: _____
STREET

_____
CITY STATE ZIP

Spouses Name (if applicable): _____

- over -

I hereby make application for membership in the Will-Grundy Medical Society, Illinois State Medical Society, and if admitted as a member, I agree to support its Constitution and Bylaws, to practice in accordance with the established usages of the profession, and will in no way profess adherence or give my support to any exclusive dogma or school.

Signature: _____ Date: _____

PLEASE CONTACT THE WILL-GRUNDY MEDICAL SOCIETY WITH ANY QUESTIONS

Will-Grundy County Medical Society
3033 W. Jefferson Street
Suite #220
Joliet, IL 60435

Phone(815) 744-5676
Fax (815) 744-7557
Wgcms3033@att.net

2014 Dues: $350.00 per year Will-Grundy County Medical Society
& $570.00 per year for the Illinois State Medical Society.

Total of $920.00 per year.

Dues for both societies are mandatory to join at this time.

Group Dues Discounts available to 3 or more physicians.