



ARKANSAS MEDICAL SOCIETY

Membership Application

Post Office Box 55088 • Little Rock, Arkansas 72215

Telephone: 501-224-8967 • Wats: 1-800-542-1058 • FAX: 501-224-6489 • www.arkmed.org

FULL Name: _____ Birthdate: _____
Last First Middle MO/DAY/YEAR MD Male
 DO Female

Referred By: _____
Last First

OFFICE INFORMATION

Clinic Name: _____ Clinic Manager: _____

Clinic Manager Email:

Address: _____
Street City/State/Zip

Telephone: _____ Fax: _____ Email Address: _____

HOME INFORMATION

Address: _____ Spouse's Name: _____
Street City/State/Zip

Telephone: _____ Fax: _____ Email Address: _____

I prefer to be contacted at my: Office Home The best way to reach me is by: Email Mail Fax

PROFESSIONAL BACKGROUND

Arkansas State Medical Board License: _____ Medical Specialty: _____ First Year of Practice: _____
Number & Year issued

Years in Practice and Locations: _____ through _____ - _____
_____ through _____ - _____

Primary Board Certification: American Board of _____ Original Year Certified: _____
American Board of _____ Original Year Certified: _____

MEDICAL EDUCATION

School _____ Year Graduated _____

City/state or country _____

INTERNSHIP/RESIDENCY

School _____ Year Completed _____

City/state or country _____

COUNTY MEDICAL SOCIETY MEMBERSHIP

I would also like to join the _____ county medical society.

I hereby make application for membership in the Arkansas Medical Society, and, if accepted as a member, I agree to support its Constitution and By-Laws, to practice in accordance with the established usages of the profession, and to abide by the Principles of Medical Ethics as espoused by the American Medical Association.

Signature _____ Date _____

MEMBERSHIP DUES INFORMATION

Active Member \$400

First year of Practice in Arkansas \$100

Check payable to Arkansas Medical Society

Visa MasterCard

Name on Card _____

Billing Address (if different from above) _____

City, State, Zip _____

Credit Card Number _____

Exp. Month/Year _____ 3 Digit Security Code _____

Signature (Required) _____