



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

OFFICE INFORMATION

Clinic Name: _____ Clinic Manager: _____

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	
<input type="checkbox"/> Active Member	\$400
<input type="checkbox"/> First year of Practice in Arkansas	\$100
<input type="checkbox"/> Check payable to Arkansas Medical Society	
<input type="checkbox"/> Visa	<input type="checkbox"/> 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)	