

REQUEST FOR PART-TIME DUES STATUS



Please print or type information, except where a signature is needed. All requests for part-time dues status will be submitted to the ISMS Board of Trustees for consideration and approval.

Member Name: _____

Address: _____

City/State/Zip _____

Phone: (A/C _____) _____

ME # _____

Hours worked per week: _____

Verification of eligibility is required to accompany this request for participation, in the form of: 1) a copy of the face sheet from the physician=s medical professional liability insurance policy reflecting a premium decrease based on part-time practice; and/or 2) a statement from the physician=s employer advising of part-time employment.

Please return completed form to:

Kris Johnson, Membership Department
Illinois State Medical Society
Suite 700, 20 North Michigan Avenue
Chicago, IL 60602