

## **Part-Time Membership Criteria & Discount**

The ISMS offers a part-time membership status and related 50% discount dues option. Eligibility for this option is based on working 20 hours or less per week, whether those hours worked are clinically related or some other type of healthcare-related employment activity.

**Written application for such status will need to be received by the ISMS. Such application is subject to** final approval by the ISMS Board of Trustees. If approved, such membership is effective January 1 of the year following election. A form has been provided for your use. **Also, part-time status is provided for only one year; if that status is to be extended for another year, another application request must be submitted.**

**Verification of eligibility is required for part time membership and must accompany any 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; or 2) a statement from the physician's employer (*cannot be a physician who is self-employed*) advising of part-time employment.



Illinois  
State  
Medical  
Society

## REQUEST FOR PART-TIME DUES STATUS

The following information must be filled out and submitted by the member requesting part-time 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 \_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Hours worked per week:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

*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 (cannot be the physician applying for part-time status). Requests must be submitted on an annual basis.*

*Dues for part-time membership varies, but is usually a discount of 50% off the dues amount for all membership categories. For a dollar amount specific to your membership, please call the ISMS Membership Services Department at (800) 782-4767, extension 1900.*

**Please return completed form to:**

Kris Johnson, Membership Services Department  
Illinois State Medical Society  
Suite 700, 20 North Michigan Avenue, Chicago, IL 60602  
Fax: (312) 782-2023