

REQUEST FOR RETIRED STATUS



The following information must be filled out and submitted by the physician member. Please print or type information, except where a signature is needed. All requests for retired status will be submitted to the ISMS Board of Trustees for consideration and approval.

Member Name: _____
Address: _____
City/State/Zip: _____
Phone: (____) _____
Email for ISMS materials _____

Signature: _____
Date of Submission: _____

RETIRED \$50 fee

Retired members shall consist of those who have been regular members and who by reason of age or incapacity have retired from active practice and who upon application and recommendation will be made retired members. Retired status is not available to physicians who assume compensated positions in the health care field after retiring from medical practice.

Upon receipt of this form, the ISMS Membership Services Department will send an invoice for the \$50 membership fee for retired dues.

Should you have any questions, please contact the Membership Services Department at (312) 782-1654, 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
krisjohnson@isms.org