

# 2022 Membership Application Transitional Medical School Graduate

## Applicant Information

To qualify: you must be a U.S. resident who graduated from a Medical School listed in the World Directory of Medical Schools regardless of licensure status in Illinois and not currently be in residency or a fellowship program.

(Entire legal name)

MD  
 DO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Male  
 Female

DOB mm/dd/yy \_\_\_\_\_ Medical School Name \_\_\_\_\_ Location of School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Graduate Information

By submitting this application, you are agreeing to receive information from ISMS and its affiliates about the availability of goods, services, membership, and opportunities related to the practice of medicine from ISMS and its affiliates. ISMS does not sell its membership list. To opt out of receiving emails or request restrictions on the use of information, contact us at [membership@isms.org](mailto:membership@isms.org) or call **800-782-4767, ext. 1900**.

## Membership Payment

Please select preferred payment option.

With your credit card or EFT draft information below, we can process your membership application.

CHOOSE ONE:

Save an additional 5% on Membership when choosing Continuous Membership.	<input type="radio"/> <b>Monthly Continuous Membership</b>	<b>OR</b>	<input type="radio"/> <b>One Annual Payment</b>
	\$11.88		\$142.50

## Payment Information

**1) Please Check One:**
 
 
 
**1A)**  Personal Credit Card  Corporate Credit Card

CC# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVV (3 or 4 Digit Security Code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**2)**  Checking/Savings Account

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Please Note:** The deposit of a check or ACH payment does not confer membership status on the prospective physician. ISMS membership is contingent upon verification of the criteria set forth in the ISMS bylaws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**3)**  Check (make payable to ISMS and send to Illinois State Medical Society, Suite 700, 20 North Michigan Avenue, Chicago, IL 60602)

## Conditions of ISMS Membership and Applications

Members pledge to abide by the ISMS Code of Ethics and Bylaws. Applicants and members must disclose to the ISMS legal division any fraud or felony convictions; actions taken regarding professional licensure, such as any revocation, suspension, probation, limitation, condition, or sanction; or discipline by any medical society or hospital medical staff. The ISMS is required to report certain professional review actions under state or federal law. The ISMS Code of Ethics and Bylaws can be found at [www.isms.org](http://www.isms.org).

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information. I understand that any false or misleading statement made on my application may be grounds for denial of membership in, probation or censure by, or suspension or expulsion from the medical society.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**ISMS membership now gives you a choice!** This application is for ISMS only. If you are interested in membership in your county medical society, please go to the ISMS website at [www.isms.org/CountyList](http://www.isms.org/CountyList) for a complete roster of all Illinois county medical societies and their contact information.

### Please submit application to:

Membership Services Department • Illinois State Medical Society • Suite 700, 20 North Michigan Avenue • Chicago, IL 60602  
Fax: 312-782-2023 Email: [membership@isms.org](mailto:membership@isms.org)