



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