



2016 Student Membership Application

_____ County Medical Society

County Name

PERSONAL INFORMATION

Last Name

First

Middle

Home Address

City

State

Zip

Primary Email

Personal Email (if different from primary)

Primary Phone

Cell Phone (if different from primary)

Maiden Name (if applicable)

Birth Date (mm/dd/yyyy)

Male

Female

Medical School Name

Graduation Year

Consent to Fax/Email: Yes No

Due to federal communications regulations, it is necessary for ISMS to obtain written consent to continue distributing some information via fax and email. By checking the box above and providing your fax number and email address, you agree to receive from the association and its affiliates promotional notices or solicitations of the availability of goods or services and opportunities related to the practice of medicine. Please note ISMS does not sell or make available to the public its membership lists. You may opt out at any time by faxing (312) 782-2023 or emailing membership@isms.org.

The Illinois State Medical Society will help you...

- **GET CONNECTED!**
 - Network with colleagues and mentors on the local, state, and national levels
 - Access scholarship, internship and leadership opportunities
- **GET INVOLVED!**
 - Advocate and shape medical policy in the Illinois General Assembly and the U.S. Congress
- **STAY INFORMED!**
 - Access members-only benefits, programs, resources, professional and legislative advocacy and participation opportunities
 - Receive *ISMS Physician Advocate*, a bi-weekly email with the latest need-to-know information about medicine in Illinois

... **PLUS**, receive a FREE set of scrubs if you join ISMS for all four years of medical school!

ISMS Membership Department Fax: (312) 782-2023

STUDENT DUES

YES! I would like to join the Illinois State Medical Society and my local county medical society free of charge.

YES! I would like to join the American Medical Association for:

1 year (\$20) 2 years (\$38) 3 years (\$54) 4 years (\$68)

ISMS and your local county medical society waive dues for medical students. AMA membership is not required to join ISMS and your county medical society.

You will receive your membership materials upon approval of your application. Should you have any questions, please contact your county medical society or the ISMS Membership Services Department at (800) 782-4767 ext. 1900 or membership@isms.org.

Total Amount \$ _____

AMA MEMBERSHIP DUES PAYMENT INFORMATION

Visa Mastercard American Express Check (made payable to *Illinois State Medical Society*)

\$ _____
Total Amount to be Charged _____ Expiration Date (mm/yyyy) _____ CVV (3 or 4 Digit Security Code) _____

_____ Credit Card Number _____ Signature _____

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

Members abide by the ISMS Code of Ethics and the bylaws of the Society. To assist us in upholding these standards, please provide an answer to the following question, sign and date. **If you answer yes to this question, please attach a full explanation on a separate sheet of paper.**

Yes No

1. Have you been ever convicted of fraud or a felony?

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 or probation or censure by or suspension or expulsion from the medical society(ies).

The foregoing information is true and complete.

Signature

Date

**MAIL: Membership Services Department
Illinois State Medical Society
20 North Michigan Avenue, Suite 700
Chicago, IL 60602**

FAX: (312) 782-2023

EMAIL: membership@isms.org