

2020 Membership Application Medical School Graduate

Applicant Information

To qualify: you must be a U.S. citizen who graduated from an ACGME accredited medical school and not be in a residency or 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 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"/> Monthly Continuous Membership	OR	<input type="radio"/> One Annual Payment
	\$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)

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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.

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 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

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