Illinois State Medical Society

2021 Membership Application Resident/Fellow Member

Applicant Information

(Entire name should be as shown on medical license)

Last Name _____ First Name _____ Middle _____ ◯ MD ◯ DO

DOB mm/dd/yy _____ ◯ Male ◯ Female Medical School Name _____ Location of School _____ Graduation Year _____

Home Address _____ City/State/Zip _____

Email: _____ Phone: _____

Residency/Fellowship

◯ **Residency/Fellowship**

Program Name _____ Projected Completion Date _____

IL State Medical License Number _____ Primary Specialty _____ Sub-Specialty _____

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**.

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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