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GREATER GREENSBORO SOCIETY OF MEDICINE
1903 2003
100 Years of Organized Medicine

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APPLICATION for MEMBERSHIP

Please Print or Type

1. FULL NAME OF APPLCIANT ☐ MD ☐ DO ☐ PA		2. Sex	3. SPOUSE'S NAME:
4. PRACTICE NAME	5. PRACTICE ADDRESS – ZIP	6. PRACTICE PHONE: _____ FAX: _____	
7. HOME ADDRESS	8. HOME TELEPHONE	9. PREFERRED E-MAIL	
10. PLACE OF BIRTH	11. DATE OF BIRTH Mo _____ Day _____ Year _____	12. SOCIAL SECURITY NUMBER	
13. MEDICAL EDUCATION (Current Name of School)	14. DATE OF MD/DO/PA DEGREE	15. YEAR OF INITIAL LICENSE: _____ LICENSE(S) HELD IN OTHER STATES & YEAR ISSUED: _____	
16. POST GRADUATE TRAINING (Name of Institution & Location) _____ _____ _____	17. INCLUSIVE DATES OF TRAINING _____ _____ _____	18. ARE YOU BOARD CERTIFIED? YES _____ NO _____ IF YES, WHAT SPECIALITY? _____ 19. LAST YEAR OF TRAINING:	
20. NORTH CAROLINA LICENSE NUMBER	21. DATE ISSUED	22. BY EXAMINATION _____ BY RECIPROCITY _____	23. BEGAN PRACTICE AT PRESENT LOATION ON DATE _____ SPECIALTY _____
24.LIST HOSPITALS WHERE YOU HAVE CURRENT PRIVILEGES:			

25. If elected to membership, I agree without reservation to conduct myself professionally and personally according to the principles and medical ethics of the American Medical Association and to be governed by the Constitution and Bylaws of the Greater Greensboro Society of Medicine & the North Carolina Medical Society.

26. _____,
Signature
Date: _____

WE, THE UNDERSIGNED SPONSORS, EARNESTLY RECOMMEND THIS PHYSICIAN'S/PHYSICIANS ASSISTANT'S ELECTION TO MEMBERSHIP

SPONSOR _____, MD Signature _____, MD Print Name	SPONSOR _____, MD Signature _____, MD Print Name	SPONSOR _____, MD Signature _____, MD Print Name

MEMBERS OF THE EXECUTIVE COMMITTEE, HAVE CAREFULLY REVIEWED THIS APPLICATION AND RECOMMEND:

APPROVAL – REJECTION _____, MD	APPROVAL – REJECTION _____, MD

This Applicant was elected to Membership on: _____

_____, MD
(SECRETARY SIGNATURE)