



PHYSICIAN MEMBERSHIP APPLICATION

First / Middle / Last Name: <small>(TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR MEDICAL LICENSE.)</small>	
Degree: MD <input type="checkbox"/> DO <input type="checkbox"/>	Specialty:
ABMS Board Certification: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Year of Certification:	Re-certification:
Self-designated Practice Specialty:	
Practice Name:	
Office Address:	
City / State / Zip:	
Telephone / Fax:	
Local Home Address:	
City / State / Zip:	
Telephone / Fax:	
E-mail:	Publish E-mail in Directory: Yes <input type="checkbox"/> No <input type="checkbox"/>
Which address would you like us to use for correspondence and publications? Office <input type="checkbox"/> Home <input type="checkbox"/>	
Medical School:	
Date of MD / DO Degree:	
Place of Internship / Specialty:	
Date of Internship:	
Place of Residency / Specialty:	
Date of Residency:	
Postgraduate-Fellowship / Specialty:	
Date of Postgraduate-Fellowship:	
California Medical License Number:	DEA Registration Number:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth:	Place of Birth:
Languages Spoken:	
Applicant's Signature*:	Application Date:
<small>*By signing above, I attest that the foregoing is true and complete, and I endorse the principles of medical ethics of SDCMS, CMA and AMA.</small>	
Payment Options – please choose payment by check or by credit card.	
<input type="checkbox"/> Payment in full by check — made payable to "SDCMS"	
<input type="checkbox"/> Payment in full by credit card	Amount to Charge (see reverse):
VISA / MasterCard #:	Expiration Date:
Cardholder's Signature:	Billing Zip Code:

Return by fax to (858) 569-1334 or mail to 5575 Ruffin Rd., Suite 250, San Diego, CA 92123.
 Questions? Call Janet Lockett, director of membership, at (858) 300-2778.

2006 SDCMS/CMA MEMBERSHIP APPLICATION FORM

An application for combined membership in the San Diego County Medical Society (SDCMS) and the California Medical Association (CMA) is on the reverse. This form is your application for membership to both organizations, and your information will be processed by SDCMS and forwarded to CMA.

An AMA profile will be used to verify your training. If any part of your training cannot be verified in this manner, you will be contacted to supply a certificate of completion of training. The Medical Board of California will verify your license. After verification, your application will be presented to the SDCMS Membership Committee and then to the SDCMS Board of Directors for acceptance as an active member.

Annual dues are \$380 for SDCMS and \$545 for CMA. The county societies collect the total amount of \$925 and forward the CMA portion.

A special dues structure for first-time members of CMA has been adopted to ease the financial burden for physicians new in practice and also to encourage membership for those physicians who have thus far not participated in organized medicine. The annual dues for those new to CMA are as follows:

	TOTAL SDCMS/CMA
First Year	\$463 (50% of dues)
Second Year	\$694 (75% of dues)
Third Year	\$925 (full dues)

In addition, there is a pro-rated dues structure for physicians under the age of 40:

	TOTAL SDCMS/CMA
First Year	\$262 (24% of dues)
Second Year	\$404 (37% of dues)
Third Year	\$578 (53% of dues)
Fourth Year	\$783 (74% of dues)
Fifth Year	\$925 (full dues)

AMA dues are an additional \$420 annually and may be included with your SDCMS and CMA dues. Membership in AMA is recommended and not obligatory.

To complete your application, please submit the following:

- 1) A completed membership application;
- 2) A photo for the 2006 SDCMS Pictorial Membership Directory;
- 3) Payment to SDCMS, mailed to: 5575 Ruffin Road, Suite 250, San Diego, CA 92123.

If you have any questions, contact:

San Diego County Medical Society
Attn.: Janet Lockett, Director of Membership
5575 Ruffin Road, Suite 250
San Diego, CA 92123
Telephone: (858) 300-2778
Fax: (858) 569-1334
E-mail: jlockett@sdcms.org