

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA

Tuscaloosa Med. Soc.

Membership Application

- I want to apply for membership through the _____ County Medical Society.
- Yes, I also want to join the American Medical Association (AMA).

Regular []
Intern/Resident []

PERSONAL INFORMATION

Last Name (as shown on Medical License)	First	Middle	Degree J J MD DO	Gender J J M F
Home Address	City	State	Zip Code	
J J J - J J J - J J J J	J J J - J J J - J J J J	J J - J J - J J J J	J J - J J - J J J J	
Telephone	Fax	Email	Birthdate (mm/dd/year)	ME# if known
Medical School: _____		Location: _____		Date: _____

PROFESSIONAL PRACTICE INFORMATION (IF APPLICABLE)

Alabama State License Number	Date of Issue	Other State Licenses	Primary Specialty	Sub-Specialty
J J - J J - J J J J	J J	J J J J J J J J	J J	J J J J J J J J
Office Address				
City	State	Zip Code		
J J J - J J J - J J J J	J J J - J J J - J J J J	J J - J J - J J J J		
Telephone	Fax	E-mail		
Preferred Mailing Address <input type="checkbox"/> Office <input type="checkbox"/> Home				

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

If you answer yes to any of these questions, please attach full information.

- Yes No
1. Have you ever been convicted of fraud or a felony?
2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions.
3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I agree to abide by the code of ethics of the American Medical Association as modified by the Medical Association of the State of Alabama.

I am aware that the 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).

I hereby release, and hold harmless from any liability or loss the _____ County Medical Society, and the Medical Association of the State of Alabama, their officers, agents, employees, and members, for acts performed in good faith and without

malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

The foregoing information is true and complete.

Applicant's Signature

Date

Active Society Member Endorsement

Active Society Member Endorsement

Copy-Applicant

Yellow Copy-MASA Pink

White Copy-County Medical Society