



APPLICATION FOR MEMBERSHIP

Please type or print – fill in all blanks.

If you have more than one office or if mailing address is different from your office address, please list additional information on the back of this application.

Name (as shown on CA MD/DO License)		CA License Number	License Expiration Date	
Office Address (If mailing address is different, please note on back)		City / State	Zip Code	
Office Phone	Office Fax	Email Address		
Home Address		City / State	Zip Code	
Spouse's Name		Home Phone Number	Home Fax Number	
Date of Birth	Gender	Other Names Used, If Any		
Primary Specialty	Year Board Cert.	Secondary Specialty	Year Board Cert.	
Medical School		Year Graduated		
Internship		Dates		
Residency		Dates		
Hospital Affiliations (Current or applied for)				
Professional Liability Carrier			Policy Number	

Languages other than English spoken by physician

Languages other than English spoken by office staff

Are you currently a member of the CMA? Y N

Are you interested in AMA membership? Y N

Please check the Practice Arrangement / Mode of Practice that best describes your practice:

- | | | |
|---|--|--|
| <input type="checkbox"/> Solo / Small Group (1-4) | <input type="checkbox"/> Medium Group (5-149) | <input type="checkbox"/> Large Group (150-1,000) |
| <input type="checkbox"/> Very Large Group (1,000) | <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Government-Employed | <input type="checkbox"/> Administrative Medicine | |

Is this your first year in practice? Y N

Have you ever been a member of the California Medical Association? Y N

The undersigned agrees in case of election that membership in this Component Medical Society shall be conditional upon compliance with the Constitution & Bylaws and Principles of Medical Ethics of the AMA, the CMA and the Component Medical Society. The undersigned further agrees that he/she will recognize the authorized Officers of said Society & Associations as the proper and sole authorities to interpret any doubtful point in professional conduct and will at all times abide by and be governed by their interpretations.

"I hereby affirm that the information provided on this Application for Membership, and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application and/or termination of my membership should I be elected a member of said Society and Association. I understand and agree that acceptance of this application, application fees and/or dues does not constitute approval or acceptance of my membership, and grants me no rights or privileges of membership until such time as I receive notice of approval and my acceptance letter."

Applicant's Signature

Date