



# Peoria Medical Society and Illinois State Medical Society



August 2008

Physician Member referred by: \_\_\_\_\_

**\* PLEASE TYPE OR PRINT CLEARLY \***

## Personal Information

Check One:  Physician  Resident  Student

Preferred Method of Contact  Mail  Email  Fax  
Which location?  Office  Home

\_\_\_\_\_ Degree Gender  
Last Name (as shown on medical license) First Name Middle MD DO  M  F

\_\_\_\_\_ ME # (if known)  
Birthdate (mm/dd/yy) Place of Birth Social Security #

\_\_\_\_\_ Zip  
Home Address City State

\_\_\_\_\_ Home email  
Home Telephone Home Fax

**Marital Status**

M  S

\_\_\_\_\_ Spouse's Name (First and Last name)

My spouse is interested in receiving information about the Peoria Medical Society Alliance: Yes  No

## Professional Information

Practice Type:  Group  Solo  Academic  Medical Research  Administrative  Other \_\_\_\_\_

Peoria Office/Group Name: \_\_\_\_\_

\_\_\_\_\_ Zip  
Office Address City State

\_\_\_\_\_ Fax  
Office Email Office Website Telephone

\_\_\_\_\_ Specializing within your specialty (2)  
Primary Specialty Specializing within your specialty (1)

\_\_\_\_\_ **Accepting New Patients /Accept Public Aid**  
Office Manager's Name Languages:  Yes  No  Yes  No

Beginning Practice for the First Time?  Yes  No If no, what year did you begin practice: \_\_\_\_\_

Date Beginning Practice in Peoria: \_\_\_\_\_ Are you currently a member of ISMS?  Yes  No Paid thru 20 \_\_\_\_\_

## Education & Training \* if you are a medical student please provide your "anticipated" year of graduation.

\_\_\_\_\_ Degree  
Medical School From To City/State

\_\_\_\_\_ Degree  
Internship/Residency From To City/State

\_\_\_\_\_ Degree  
Internship/Residency From To City/State

\_\_\_\_\_ Degree  
Fellowship Training From To City/State

(Please continue on reverse side)

**American Boards and License Number**

Specialty Board Name Issued Expires Specialty Board Name (additional) Issued Expires  
Illinois License Number Issued Expires

**Qualification Questions and Signature**

Members agree to abide by the Constitution and bylaws of the Peoria Medical Society and the Illinois State Medical Society. To assist us in upholding these standards, please provide answers to the following questions, sign and date. *If you answer yes to any of these questions, please attach full explanation.*

- 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 imposed sanctions or conditions.
3.) Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I am aware that information submitted in this application may 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, probation, censure by suspension or expulsion from the medical society(ies).
The foregoing information is true and complete.

Signature Date

**Membership Dues - Payment Options**

Resident physicians and students are provided significant cost savings. Physicians in their first four years of practice also receive significant discounts ranging from Free to 80% off the regular dues amounts. Please contact PMS for further information regarding dues amounts or simply mark "please bill me" according to my choices.

- Mandatory: (Must join both PMS & ISMS societies)
Peoria Medical Society - \$415.00 - Full dues
Peoria Medical Society - Students, Residents & 1st - 4th yr in practice call the office for significant dues discounts
Il State Medical Society - \$550.00 - Full Dues
Il State Medical Society - Students, Residents & 1st - 4th yr in practice call the office for significant dues discounts
Suggested
PMS&A Educational Foundation - \$25.00 or \$
IMPAC - \$150.00
Voluntary
American Medical Association - \$420.00

Check enclosed payable to Peoria Medical Society: \$
Please bill me according to my choices.

\*\*Due to security and fraud issues credit card payments are only accepted by calling the Peoria Medical Society office at 309-692-1192.

NOTE: \*\*\*Dues discounts apply for physicians just starting practice - please call for amounts.
\$15 of Peoria Medical Society dues is for a one year subscription to Peoria Medicine magazine.
\$6 of ISMS dues is for a one year subscription to Illinois Medicine Express.

Due to the new federal communication regulations, it is necessary for PMS to obtain signed written consent to continue distributing some information via fax and e-mail. By providing your fax number, e-mail address and signing below, you agree to receive from the association and its affiliates promotional notices or solicitations of the availability of goods or services and opportunities related to the practice of medicine. Please note PMS does not sell or make available to the public its membership lists and will be providing the same type of promotions as in the past, such as, CME seminars/meetings and publication discounts available to members.

Print Name Signature

**Office Use Only**

I hereby attest that the above named applicant was duly elected to membership in the Peoria Medical Society at a meeting held on the day of , 20. Signed