



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