



**APPLICATION FOR MEMBERSHIP**  
**MEDICAL SOCIETY OF THE STATE OF NEW YORK**  
**AND ONONDAGA COUNTY MEDICAL SOCIETY**  
329 North Salina Street, Suite 303, Syracuse, NY 13203 (315) 424-8118

*County and State membership is unified. Physicians may join the county society where they practice or where they reside.*

NAME \_\_\_\_\_  
Last First MI

HOME ADDRESS (H) \_\_\_\_\_  
City State Zip

HOME TEL (\_\_\_\_) \_\_\_\_\_ HOME FAX (\_\_\_\_) \_\_\_\_\_

OFFICE ADDRESS (O) \_\_\_\_\_  
Send mail to  H  O \_\_\_\_\_  
City State Zip

OFC TEL (\_\_\_\_) \_\_\_\_\_ OFC FAX (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  Male  Female

MEDICAL SCHOOL \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_  MD  DO

DATE OF COMPLETION OF RESIDENCY/FELLOWSHIP \_\_\_\_\_ OTHER DEGREES \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

**CURRENT HOSPITAL AFFILIATIONS** (If none, please list any HMO affiliations and provide your CV.)

**CHRONOLOGICAL LIST OF TRAINING, MILITARY SERVICE & PRACTICE EXPERIENCE SINCE MEDICAL SCHOOL**  
Please leave no unexplained intervals and **include all current hospital affiliations**. Attach a separate sheet if necessary.

DATES	HOSPITAL/LOCATION	POSITION/SPECIALTY

NYS LICENSE # \_\_\_\_\_ DATE GRANTED \_\_\_\_\_ DATE ENTERED PRACTICE \_\_\_\_\_

BOARD CERTIFIED? \_\_\_\_\_ YEAR \_\_\_\_\_ SPECIALTY \_\_\_\_\_

WORKERS' COMPENSATION BOARD RATING \_\_\_\_\_ ECFMG # (If attended medical school abroad) \_\_\_\_\_

GROUP NAME (If applicable) \_\_\_\_\_ Are you accepting new patients? \_\_\_\_\_

- Yes  No Has your license to practice medicine ever been denied, suspended, revoked, or voluntarily surrendered?  
 Yes  No Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered?  
 Yes  No Are you currently under investigation for medical misconduct by any medical society, hospital medical staff, or disciplinary, licensing or legal agency?  
 Yes  No Have you ever been arrested or charged with any crime, offense or violation of law other than traffic violations?

**IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET**

Have you ever been a member of this or any other county medical society? \_\_\_\_\_ County \_\_\_\_\_

**Is there a member we can credit for recruiting you to join? (Name)** \_\_\_\_\_

PHYSICIAN'S ATTESTATION: I understand that any knowingly false statements could be grounds for revocation of membership in MSSNY and the county medical society. I agree to comply with the principles of medical ethics and with the bylaws, rules and regulations of each organization to which I am applying. I give the medical societies permission to send me news updates, important legal/legislative notices, seminar invitations, advertisements and web links via fax and email.

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please enclose a copy of your current registration certificate. Residents and fellows need not be licensed to join. A major share of Medical Society dues may be tax-deductible as a business expense. Check with your accountant for exact details.

# ONONDAGA COUNTY MEDICAL SOCIETY

## Application Instructions

The Medical Society of the State of New York (MSSNY) is the federation of 60 county medical societies in New York State. Membership is unified and a physician must join both the MSSNY and a county society where an office or residence is maintained.

Please read the following instructions before submitting your application.

1. Complete the application and list ALL positions held dating from your graduation from Medical School to the present, including your training and attending positions.
2. Determine your dues category from those listed below. You should submit one dues CHECK for the appropriate total, made payable to the ONONDAGA COUNTY MEDICAL SOCIETY. To submit payment by CREDIT CARD, see below.

### 2017 DUES CATEGORIES

	Onondaga County dues	MSSNY dues		Total MSSNY & County dues
Resident	\$25	\$25		\$50
1 <sup>st</sup> Year Practice	\$218	\$230		\$448
2 <sup>nd</sup> Year Practice	\$435	\$230		\$665
Full Active	\$435	\$460		\$895

If you have any questions about membership, please contact:

James E. Coulthart, Executive Vice President, or  
Debbie Colvin, Director of Finance  
Onondaga County Medical Society, Inc.  
329 North Salina Street Suite 303  
Syracuse, New York 13203  
(315) 424-8118

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Please charge my:     Visa                     MasterCard     American Express     Discover

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Name as it appears on card (please print clearly)

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Daytime telephone number

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Card number

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Expiration date

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Billing Address for this Card

PLEASE INDICATE THE TOTAL BEING PAID: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorization Code # [FOR OCMS OFFICE USE ONLY] \_\_\_\_\_