



# Peoria Medical Society and Illinois State Medical Society



August 2011

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

Check One: **I am currently a:**     Physician     Resident     Student

**Personal Information**  
 Please "X" if your personal information is preferred method of contact

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

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

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

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

**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**  
 Please "X" if your professional/office information is preferred method of contact

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

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

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

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

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

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 \_\_\_\_\_ Degree \_\_\_\_\_

(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 - Regular Membership dues
  - Peoria Medical Society - Students, Residents, & 1st yr in practice - Free
  - 2nd - 4th yr in practice call the office for significant dues discounts
  - Il State Medical Society - \$570.00 - Full Dues
  - Il State Medical Society - Students, & Residents to be pd by PMS
  - ISMS 1st - 4th yr in practice call the office for significant dues discounts
- Suggested
- PMS&A Educational Foundation - \$25.00 or \$\_\_\_\_\_
  - IMPAC - \$200.00

**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.

American Medical Association Membership - please contact AMA directly at 800-262-3211 or visit [www.ama-asn.org](http://www.ama-asn.org)

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.  
 \$9 of ISMS dues is for a one year subscription to *Illinois Medicine Express* and \$3.00 is allocated to the Medical Student, Resident and Fellowship sections.

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