Office Use Only:
Campaign Code: _____
App. Rec'd ____/____/____
Dues Rec'd ____/____/____
Dues Amt. $_____
Check #_____CC_____
Approved Date ____/____/____
Entered in DB ____/____/____
Entered by ____/____/____
Copy to MASA____/____/____
Dues to MASA____/____/____

MEDICAL ASSOCIATION MASA OF THE STATE OF ALABAMA

19 South Jackson Street • Post Office Box 1900
Montgomery, Alabama 36102-1900

MEMBERSHIP APPLICATION

Membership of **MASA** and the **Medical Society of Mobile County** are unified in accordance with Chapter 1, Section 1 of the Medical Association of Alabama Bylaws.

PERSONAL INFORMATION

Last Name | Suffix | First Name | Middle Name | ( ) Informal | **Degree** | **Gender**

Home Address | City | State | Zip

Home Phone | Fax | Email | Birthdate | Spouse

PROFESSIONAL PRACTICE INFORMATION (if applicable)

Medical School | Location | Date | AMA ME# (if known)

Alabama State License | Date of Issue | Other State License | Date of Issue | Primary Specialty | Sub-Specialty | Sub-Specialty

Residency Location | Date Completed | Board Certification | Date

Fellow Location | Date Completed | Hospital Privileges:

Company Name | Office Administrator/Manager

Office Address Line | Office Address Line

City | Stat | Zip

Work Phone | Fax | Cell or Alternate | Preferred Mailing ☐ **Office** ☐ **Home**

Email | ☐ **Opt-out of Third Party Soliciations**

Website

Employment Description: **Solo** ☐ **Group Practice -Employee** ☐ **Group Practice -Partner** ☐ **Health System Physician** ☐

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COUNTY MEDICAL SOCIETY SPECIFIC INFORMATION

Accepting New Patients? YES NO

Medicare YES NO

Medicaid YES NO

Tricare YES NO

Foreign Language spoken _____

Foreign Language spoken _____

Please attached a recent photo for website purposes email photo to farmstrong@masalink.org

Please attached your CV to this application.

In the wake of Hurrican Katrina, we discovered that we need additional emergency contact information from out physicians for disaster response. This information is kept strictly confidential. Please provide:

Cell Phone Number _____

Pager or Beeper Number _____

Alternate Phone Number _____

Email _____

Please list the names and telephone numbers of 3 physicians(preferably, members of the Medical Society of Mobile County) as references for your application.

1. _____

2. _____

3. _____

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

If you answer yes to any of these questions, please attach full information.

_____ _____ 1. Have you ever been convicted of fraud or a felony?
YES **NO**

_____ _____ 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 other imposed sanctions or conditions.
YES **NO**

_____ _____ 3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?
YES **NO**

I agree to abide by the code of ethics of the American Medical Association as modified by the Medical Association of the State of Alabama.

I am aware that the information submitted in this application will 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 or probation or censure by, or suspension or expulsion from the medical society(ies). I hereby release, and hold harmless from any liability or loss the _____

County Medical Society, and the Medical Association of the State of Alabama, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

The foregoing information is true and complete

_____

Applicant's Signature **Date**