

Joint Membership Application

MEMBERSHIP IS REQUIRED IN BOTH THE STATE AND LOCAL PARISH/COMPONENT MEDICAL SOCIETY. Please choose the parish/component medical society in whose jurisdiction where you maintain your residence or in whose jurisdiction where you maintain your principal office. Please indicate your choice of parish/component medical society: _____

TYPE OF MEMBERSHIP

- | | | |
|--|--|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Active Part-Time (20 hrs. max./wk.) | <input type="checkbox"/> Service (Military/VA) |
| <input type="checkbox"/> Active 1 st Year in Practice | <input type="checkbox"/> Academic (Asst. Professor or Above) | <input type="checkbox"/> Resident/Fellow – Completion Year: _____ |
| <input type="checkbox"/> Active 2 nd Year in Practice | <input type="checkbox"/> Academic (Below Asst. Professor) | <input type="checkbox"/> Medical Student – Completion Year: _____ |

I would like to apply for AMA Membership. (If you are applying to the AMA, members must abide by the AMA Principles of Medical Ethics.)

PERSONAL & PROFESSIONAL INFORMATION (PLEASE PRINT OR TYPE)

Full Name _____ Degree <input type="checkbox"/> MD <input type="checkbox"/> DO Birth Date (____/____/____) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single Spouse Name: _____	Preferred Mailing Address: <input type="checkbox"/> Office <input type="checkbox"/> Home Preferred Email <input type="checkbox"/> Office <input type="checkbox"/> Home
Home Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Home Fax (____) _____ Home Email _____ Primary Specialty _____ Sub-Specialties _____ Specialty Areas of Expertise _____ Board Certification(s) _____ Languages Spoken _____ Practice Name or Group Name _____ Office Address _____ City _____ State _____ Zip _____ Office Phone (____) _____ Office Fax (____) _____ Office Email _____ Cell Phone (____) _____ Practice Administrator _____ Practice Admin. Phone (____) _____ Practice Admin. Email _____ Hospital Affiliations _____ LA License # _____ Other State Licenses _____ ME# _____ Medical School _____ City/State _____ Year Received MD _____ Undergraduate _____ Degree _____ City/State _____ Dates Attended _____ Internship _____ Specialty _____ City/State _____ Dates Attended _____ Residency _____ Specialty _____ City/State _____ Dates Attended _____ Fellowship _____ Specialty _____ City/State _____ Dates Attended _____ Medical School Teaching Appointments _____ Professorship Level _____ Interested in serving as a Media Contact or as a Speaker? Media <input type="checkbox"/> Yes <input type="checkbox"/> No Speaker <input type="checkbox"/> Yes <input type="checkbox"/> No (If indicated yes, you will be contacted)	

Medicare Accepted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Medicaid Accepted:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Workers Comp Accepted:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Members are governed by the Louisiana State Medical Society (LSMS) Principals of Medical Ethics and must comply with the bylaws of the LSMS and Parish Component Medical Society. To assist in upholding these standards, please provide answers to the following questions. If you answer yes to any of these questions, please attach full information.

- Yes No
- Have you ever been convicted of fraud or a felony?
- 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

I am aware that 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.

The foregoing information is true and complete.

Signature Date

Applications are processed by the Parish/Component Medical Society. Additional information may be requested. Please return this application and applicable dues (payable to the Parish/Component Medical Society you selected) to the Parish/Component Medical Society you specified for approval.
Please see reverse page for dues schedule and remittance advice.

2009 MEMBERSHIP DUES SCHEDULE

LSMS Dues Amount \$ _____

Parish/Component Medical Society Dues Amount \$ _____

(LSMS and Parish/Component Medical Society Dues are required for membership) Total \$ _____

Based on the Parish/Component Medical Society and member-type selection indicated in your application, please place the applicable dues (payable to selected Parish/Component Medical Society) in the spaces provided and return application with payment to the LSMS, 6767 Perkins Rd. #100, Baton Rouge, LA 70808.

Please see symbol key below for member types & Parish/Component Societies with prorated or discounted dues.

LSMS DUES SCHEDULE

◆ Active	\$400.00	❖ Service (Military/VA)	\$200.00
◆ 1 st Year in Practice	\$200.00	❖ Academic (Assist Professor or Above)	\$400.00
◆ 2 nd Year in Practice	\$300.00	❖ Academic (Below Assistant Professor)	\$200.00
◆ Part-time (20 hrs. max./wk.)	\$200.00	Resident/Fellow	\$25.00
		Medical Student	\$0.00

PARISH/COMPONENT MEDICAL SOCIETY ACTIVE DUES SCHEDULE

➤ Acadia	\$100.00	Desoto	\$20.00	Morehouse	\$15.00	St. Mary	\$100.00
Allen	\$8.00	E. W. Feliciana	\$30.00	Natchitoches	\$50.00	St. Tammany	\$100.00
Ascension	\$75.00	❖ Evangeline	\$50.00	◆ †Orleans	\$250.00	Terrebonne	\$120.00
Assumption	\$0.00	Iberia	\$150.00	Pointe Coupee	\$100.00	Vermilion	\$125.00
Avoyelles	\$200.00	Iberville	\$0.00	Sabine	\$0.00	Vernon	\$0.00
Beauregard	\$0.00	Jefferson Davis	\$25.00	St. Bernard	\$0.00	Washington	\$75.00
Bossier	\$100.00	◆ ● Lafayette	\$180.00	◆ St. Landry	\$150.00	Webster	\$25.00
Claiborne	\$0.00	❖ Lafourche	\$125.00	St. Martin	\$0.00		
◆ Calcasieu (Calcasieu, Cameron)	\$300.00			◆ Rapides (Grant, LaSalle, Rapides, Winn)	\$100.00		
Delta (East & West Carroll, Franklin, Madison, Richland)	\$100.00			❖ River Parishes (St. Charles, St. James, St. John)	\$125.00		
❖ Capital Area (East & West Baton Rouge, Livingston)	\$225.00			□ Shreveport (Caddo, Red River)	\$225.00		
❖ †Jefferson (Jefferson, Plaquemines)	\$250.00			Tangipahoa (St. Helena, Tangipahoa)	\$100.00		
North Central (Bienville, Jackson, Lincoln, Union)	\$0.00			Tri-Parish (Catahoula, Concordia, Tensas)	\$0.00		
Ouachita (Caldwell, Ouachita)	\$250.00						

PARISH/COMPONENT MEDICAL SOCIETY MEDICAL STUDENT & RESIDENT/FELLOW DUES SCHEDULE

	Medical Student	Resident/Fellow		Medical Student	Resident/Fellow
◆ Calcasieu	N/A	\$150.00	Ouachita	N/A	\$10.00
Capital Area	N/A	\$ 25.00	Rapides	N/A	\$10.00
Jefferson	\$0.00	\$ 0.00	❖ River Parishes	N/A	\$35.00
Jefferson Davis	\$0.00	\$ 0.00	St. Bernard	\$0.00	\$ 0.00
Lafayette	\$0.00	\$ 25.00	St. Tammany	N/A	\$10.00
Orleans	\$0.00	\$ 0.00	Shreveport	\$0.00	\$10.00

SYMBOL KEY

- ◆ Dues prorated quarterly beginning 4/1. ❖ Dues ½ at 7/1. ➤ Dues prorated monthly. □ Dues prorated to ½ at 7/1 and ¼ at 10/1.
 ● 1st Yr. in Practice \$90 – 2nd Yr. \$120 † 1st Yr. in Practice \$125 – 2nd Yr. \$187.50 † 1st Yr. in Practice \$125

If you need additional information about benefits or how to join, please contact the LSMS Membership Department at 800.375.9508, 225.763.8500 in Baton Rouge, or email membership@lsms.org.

5/5/09