

Joint Membership Application

MEMBERSHIP IN BOTH THE STATE AND LOCAL PARISH/COMPONENT MEDICAL SOCIETY IS REQUIRED TO JOIN. 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 (options listed below):** _____

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: _____ |

Medical Student dues for the LSMS and your selected parish/component medical society are \$0.00

PERSONAL & PROFESSIONAL INFORMATION (PLEASE PRINT OR TYPE)

Preferred Mailing Address:

Office Home

Preferred Email

Office Home

Full Name _____

Degree MD DO Birth Date (____/____/____) Gender: Male Female

Marital Status: Married Single Spouse Name: _____

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 _____

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

PARISH/COMPONENT MEDICAL SOCIETY – Please choose 1 of the below options:

- | | | | |
|---|--------------------|----------------|---------------|
| 1. Capital Area (E & W Baton Rouge, Livingston) | 3. Jefferson Davis | 5. Orleans | 7. Shreveport |
| 2. Jefferson | 4. Lafayette | 6. St. Bernard | |

SUPPLEMENTAL INFORMATION AND ATTESTATION

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.
- 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 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 _____

If membership has been recommended to you by an LSMS member, please list his/her name here: _____

If you need additional information about benefits or how to join, please contact the LSMS Membership Department at 225.763.8500 in Baton Rouge or email membership@lsms.org. Return the completed application to LSMS 6767 Perkins Rd, Ste. 100 Baton Rouge, LA 70808.