

BENTON FRANKLIN COUNTY MEDICAL SOCIETY

MEMBERSHIP PROFILE

Date of application _____

Date Received _____
(Office use only)

Membership Category- Please check one

- Active Member \$295.00/yr. Limited Practice (20 hrs. or less/wk.) \$150.00/yr.
 Retired \$150.00/yr. Student No charge

Name _____

Office address _____ Phone/Fax _____

Home address _____ Phone _____

Email address _____

How would you prefer to receive correspondence (Home, office, email) _____

Date of birth _____ Marital status _____ Spouse name _____

Premedical education _____

Medical school _____ Date of graduation _____

Internship hospital _____ Dates _____

Residency hospital _____ Dates _____

Type of practice (specialty) _____ Are you Board Certified _____

Military service: Branch _____ Dates _____

Previous practice location _____ Dates _____

Previous medical society _____

Date of Washington license _____ Number _____

Previous state(s) license _____ Your citizenship: _____