

Medical Society of Metropolitan Portland Membership Application

I, _____, hereby apply for membership in the Medical Society of Metropolitan Portland (MSMP) and agree to abide by its Bylaws and the Principles of Medical Ethics, and I agree to cooperate fully with any grievance or peer review investigation conducted on me by the Society and acknowledge that failure to do so may constitute grounds for disciplinary action.

SIGNATURE	DATE OF BIRTH	DATE OF APPLICATION
Practice & Home Addresses		

FIRST PRACTICE NAME

FIRST PRACTICE STREET ADDRESS	TELEPHONE NUMBER
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FIRST PRACTICE CITY/STATE/ZIP	FAX NUMBER
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SECOND PRACTICE NAME

SECOND PRACTICE STREET ADDRESS	TELEPHONE NUMBER
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SECOND PRACTICE CITY/STATE/ZIP	FAX NUMBER
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HOME STREET ADDRESS	NAME OF SPOUSE
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HOME CITY/STATE/ZIP	HOME PHONE NUMBER
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E-MAIL	WEB ADDRESS
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MEDICAL SCHOOL	CITY	STATE	GRADUATE YEAR
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INTERNSHIP	CITY	STATE	DATES (TO-FROM)
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RESIDENCY	CITY	STATE	DATES (TO-FROM)
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FELLOWSHIP	CITY	STATE	DATES (TO-FROM)
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SPECIALTY	DATE OF BOARD CERTIFICATION
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SUBSPECIALTY	DATE OF BOARD CERTIFICATION
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DATE & NUMBER OF OREGON LICENSE	DATE & NUMBER OF WASHINGTON LICENSE
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Date Verified _____

Over please

Every physician who is duly licensed to practice medicine by the Board of Medical Examiners in either the states of Oregon or Washington and is of good moral and professional standing and who is practicing in accordance with the Principles of Medical Ethics of the American Medical Association, or other person as defined in the **MSMP** Bylaws, shall be eligible to apply for membership.

Medical Student Member:.....\$ 0
Undergraduate medical students enrolled at the Oregon Health Sciences University School of Medicine.

Resident Physician Member:\$ 0
Physicians who are engaged in a postgraduate training program in an institution approved for such training by the Council of Medical Education of the AMA or the Committee on Post Doctoral Training of the AOA.

Active 1 Member:.....\$ 75
First Year of MSMP Membership for practicing physicians.

Active 2 Member:.....\$170
Second year of membership for practicing physicians.

Active 3 Member:.....\$250
Third year of membership for practicing physicians.

Active Member:\$330
Continuing MSMP membership in the fourth and subsequent years.

Associate Member:\$200
For physicians who are full-time employees of any governmental agency or who are engaged in full-time scientific work in connection with reputable institutions of learning and who receive not more than 10 percent of their total income from the private practice of medicine.

Physician Assistant:
For a physician assistant qualified by education, training, experience and personal character to provide medical services under the direction and supervision of a physician licensed under ORS 677, in active practice and in good standing with the OMB..... \$ 75

Limited Time Practice Member:\$120
Physicians who practice medicine on a compensated basis 20 or fewer hours a week.

Inactive Member:.....\$ 50
Not currently practicing medicine, but not retired.

Retired Member:\$ 50
Fully retired from the practice of medicine.

Practice Manager Member:.....\$ 50
Practice managers who wish to receive the publications of the Society, and assist physicians by serving on committee. Practice managers members may vote on committee matters, but may not vote on matters of policy.

MEMBERSHIP CLASSIFICATION

(Refer to "Membership Categories") \$ _____

Please make checks payable to MSMP or use

____ VISA _____ MASTERCARD No. _____

Name on Card: _____ Exp.Date _____

Amount Authorized _____ Signature _____

PLEASE CHECK: Send correspondence to my HOME OFFICE

Send information about Physicians' Answering Service & Radio Paging

Send information about the MSMP Referral Service

Fill out and return your application to:

Medical Society of Metropolitan Portland

4380 SW Macadam Ave, Ste. 215, Portland, Oregon 97239

www.msmp.org

**PHOTOGRAPH
REQUIREMENTS
FOR MEMBERS**

**A RECENT 2"x 3" BLACK
AND WHITE GLOSSY
PHOTOGRAPH OF
YOURSELF IS REQUESTED
WITH YOUR APPLICATION.**

**For your convenience, you
may choose instead a
digital photograph that can
be cropped to a 2"x 3"
format, providing it is at
least 300 dpi in quality.
Digital photographs may be
e-mailed to
Amanda@msmp.org**