

MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

Members abide by the AMA Principals of Medical Ethics and the bylaws of the Associations. To assist us in upholding these standards, please provide answers to the following questions, sign and date.

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

Yes No

- 1. Have you ever been convicted of fraud or a felony?
- 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 imposed sanctions or conditions.
- 3. 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 (ies).

The foregoing information is true and complete.

Signature

Date

DUES

| | | | |
|-------------------|--|--------|---------|
| IMS Dues | | Amount | \$490 |
| Scott County Dues | | Amount | \$395 |
| | | | |
| | | Total | \$_____ |

(First and second year in practice dues are half in both categories. Please call SCMS at (563) 328-3390 if you have any questions.)

Make your check payable to Scott County Medical Society, P.O. Box 277, Bettendorf, IA 52722 or complete the credit card information below.

Charge to credit card: Visa MasterCard Discover Corporate Personal

Card Number: _____

Zip Code: _____

Expiration: _____

CVV#: _____

Name on card: _____

Signature

Date