

The following application is for ALL incoming UTHSC Residents and Fellows (Memphis, Jackson, Nashville).

- Complete all sections.
- Office address can be listed as follows:
920 Madison Ave. Suite 447
Memphis, TN 38163
- Once you have completed the form you can provide it to the GME office and we will submit on your behalf.

Intern / Resident / Fellow Membership Application

This application is for membership in the Tennessee Medical Association and The Memphis Medical Society.

There is **no cost** for Intern, Resident or Fellow membership either in the County Medical Society or the State Medical Association.

PERSONAL DATA

First: _____ Middle: _____ Last: _____

MD DO

Male Female Birth Date: _____ SS#: _____

TN Medical License #: _____ (if you do not yet have one, leave blank) NPI #: _____

Marital Status: Single Married Maiden Name: _____

Spouse's Name: _____

ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for correspondence)

Primary Office Street/PO Box _____

City/State/Zip _____

Home Street/PO Box _____

City/State/Zip _____

Practice/Group Name: _____

Email: _____ Check here if you prefer email communication

Office Phone: _____

Cell Phone: _____

Consent to Email: YES NO

I understand that by providing my email address and checking "yes" above, I consent to receive emails sent by the Tennessee Medical Association or The Memphis Medical Society.

MEDICAL TRAINING

Specialty: _____ Subspecialty: _____

Board Certification(s): _____ (if not yet Board certified, leave blank)

Boards and Dates

Residency

Fellowship _____

Name of Institution, Location, Specialty, Degree

Residency

Fellowship _____

Name of Institution, Location, Specialty, Degree

Medical School _____

Name of Institution, Location, Graduation Date, Degree

Estimated Completion Date/Active Practice _____

Signature of Applicant

Date