



Thank you for your interest in joining the Connecticut State Medical Society (CSMS). CSMS offers Society membership to residents who are/are not members of the AMA Resident Physician Section.

Date of application: \_\_\_\_\_ NPI#: \_\_\_\_\_

Sex \_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Mailing Address:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile phone number or pager:

Hospital Residency:

Expected Completion Date: \_\_\_\_\_

Specialty: \_\_\_\_\_

Premedical School: \_\_\_\_\_ Degree: \_\_\_\_\_

Year: \_\_\_\_\_ Medical School: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Location of Medical School (City, State, Country):

I wish to join CSMS at \$125 for 12 months

Please make your check payable to CSMS, and send the completed application, along with your check to:

127 Washington Ave, East Bldg. Lower Level, North Haven, CT 06473