

MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.

2010 APPLICATION FOR MEMBERSHIP

MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.

480 77TH STREET
BROOKLYN, NY 11209
PH: (718) 745-5800 • FAX: (718) 745-5800
BKLYNACADE@AOL.COM • WWW.MSCK.ORG

MEDICAL SOCIETY OF THE STATE OF NEW YORK

865 MERRICK AVENUE, P.O. BOX 9007
WESTBURY, NY 11590
PH: (516) 488-6100 • FAX: (516) 488-1267
MSSNY@MSSNY.ORG • WWW.MSSNY.ORG

County and State membership is unified. Physicians must join the County Society where they practice or reside.

COUNTY: KINGS [ ] Check here if applying to the American Medical Association. CIRCLE: M.D. or D.O.

FIRST NAME: MIDDLE NAME: LAST NAME:

HOME ADDRESS: CITY: STATE:

ZIP CODE: HOME PHONE: ( ) HOME FAX: ( )

OFFICE ADDRESS: CITY: STATE:

ZIP CODE: OFFICE PHONE: ( ) OFFICE FAX: ( )

PREFERRED MAILING ADDRESS: Circle: HOME or OFFICE MOBILE PHONE: ( )

DATE OF BIRTH: PLACE OF BIRTH:

CIRCLE: Male or Female EMAIL ADDRESS:

MEDICAL SCHOOL:

YEAR GRADUATED: NEW YORK STATE MEDICAL LICENSE NUMBER:

ECFMG NUMBER (if attended medical school abroad):

MEDICARE PROVIDER NUMBER:

MEDICAL EDUCATION NUMBER:

WORKERS' COMPENSATION RATING:

MEDICAL SPECIALTY: BOARD CERTIFIED: CIRCLE: YES or NO

WHICH BOARD? DATE ENTERED INTO PRACTICE:

ARE YOU ACCEPTING NEW PATIENTS? CIRCLE: YES or NO

ARE YOU WORKING FEWER THAN 20 HOURS PER WEEK? CIRCLE: YES or NO

HOSPITAL AFFILIATIONS: 1. 2. 3.

GROUP NAME (if applicable):

DOES GROUP PAY YOUR DUES? CIRCLE: YES or NO SOCIAL SECURITY NUMBER:

[ ] Yes [ ] No Has your license to practice medicine ever been denied, suspended, revoked or voluntarily surrendered?

[ ] Yes [ ] No Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered?

[ ] Yes [ ] No Are you currently under investigation for medical misconduct by any medical society, hospital medical staff, disciplinary licensing or legal agency?

[ ] Yes [ ] No Have you ever been arrested or charged with any crime, offense or violation of law other than traffic violations?

If you answered "yes" to any of the above, please explain on a separate piece of paper.

Have you ever been a member of this or any other County Medical Society? CIRCLE: Yes or No

Physician's Signature Date

[ ] My dues payment is enclosed. ( please make check payable to THE MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.)

Signature of Sponsor PRINT

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**MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.**

480 77<sup>th</sup> Street

Brooklyn, New York 11209

Ph: (718) 745-5800 Fax: (718) 745-5833

**+Dues and Fees – 2010 Membership**

	YOUNG PHYSICIAN CATEGORIES					RESIDENT / FELLOW
	FULL DUES	PART-TIME	YP1	YP2	YP3	
COUNTY:	294	147	100	147	221	20
STATE:	460	230	100	230	345	25
FEES (STATE):	10	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TOTALS:</b>	<b>764</b>	<b>387</b>	<b>200</b>	<b>377</b>	<b>566</b>	<b>45</b>

\* Physicians practicing fewer than 20 hours per week.

1. You may also apply to the *American Medical Association* with this application, simply by including the dues. Although it is optional, we urge you to extend your membership to the national arm of your federation of organized medicine.

	FULL DUES	2 <sup>nd</sup> YEAR PRACTICE	1 <sup>st</sup> YEAR PRACTICE	RESIDENT / FELLOW
AMA	420	315	210	45

2. Please submit one dues check for the appropriate total, made payable to *The Medical Society of the County of Kings, Inc.*



3. Mail your application, a copy of your medical registration and your dues check to *The Medical Society of the County of Kings, Inc.*, 480 77<sup>th</sup> Street, Brooklyn, New York 11209.

4. Medical liability insurance is available through the *Medical Liability Mutual Insurance Company*; a physician owned company established by the State Medical Society in 1975. Full information can be obtained by contacting "*MLMIC*" at:

2 Park Avenue, Room 2500  
 New York, New York 10016  
 Phone: (800) 275-6564 or (212) 576-9800 (metropolitan New York)  
 (800) 356-4056 (upstate New York)

5. Please address any questions to the MSCK Membership Department:

**The Medical Society of the County of Kings, Inc.**  
 480 77<sup>th</sup> Street  
 Brooklyn, NY 11209  
 (718) 745-5800

SIGNATURE OF APPLICANT.....

PRINT NAME HERE.....

TODAY'S DATE.....

**Become part of Organized Medicine.**

You can make a difference. Please help us to help you. Visit us on the web at [www.msck.org](http://www.msck.org).