MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.

APPLICATION FOR MEMBERSHIP

MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.
480 77TH STREET
BROOKLYN, NY 11209
PHONE: (718) 745-5800 • FAX: (718) 745-5833
EMAIL: INFO@MSCK.ORG • WWW.MSCK.ORG

MEDICAL SOCIETY OF THE STATE OF NEW YORK
865 MERRICK AVENUE, P.O. BOX 9007
WESTBURY, NY 11590
PHONE: (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** **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 ***(if applicable)*** _____ **PRINT** _____

MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.
480 77th Street
Brooklyn, New York 11209
Ph: (718) 745-5800 Fax: (718) 745-5833

Membership Dues and Fees

			** YOUNG PHYSICIAN CATEGORIES			
	FULL DUES	* PART-TIME	**YP1**	• YP2	• YP3	RESIDENT / FELLOW
COUNTY:	294	147	100	147	221	20
STATE:	460	230	100	230	345	25
FEES (STATE):	10	10	↓	↓	↓	↓
TOTALS:	**764**	**387**	**200**	**377**	**566**	**45**

* Part-Time: Physicians practicing fewer than 20 hours per week.
** Young Physician (under age 40 or in first 5 years of practice). Increases gradually over 3 years.

1. Checks should be made payable to ***The Medical Society of the County of Kings, Inc.***

☞ **2. Mail your application, along with your dues check to *The Medical Society of the County of Kings, Inc.*, 480 77th Street, Brooklyn, New York 11209 *OR* you can apply online at www.MSSNY.org.**

Note: Billing for membership annual renewals begins in September for the following year.

3. Medical liability insurance is available through the ***Medical Liability Mutual Insurance Company (MLMIC)***; 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)

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

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

TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FORM BELOW

Please charge: ☐ Visa ☐ MasterCard ☐☐☐ American Express ☐ Discover **AMOUNT $** _____

Card # _____ Expiration Date _____

Name on Card _____ Security Code _____

Billing Address _____

Email for Receipt: _____

SIGNATURE OF APPLICANT……

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**.