

APPLICATION FOR GLMS IN-TRAINING MEMBERSHIP (RESIDENTS & FELLOWS)

As a resident in good standing at the University of Louisville you are eligible for in-training membership to the Greater Louisville Medical Society (GLMS) and Kentucky Medical Association (KMA).

Return completed form to: mckenna.byerley@glms.org or fax to: 502-736-6363.

P L E A S E P R I N T

NAME: _____ F M
Last First Middle Sex

OFFICE ADDRESS: _____
Street City State Zip Telephone Fax

HOME ADDRESS: _____
Street City State Zip Telephone

E-MAIL ADDRESS: _____

BIRTH: _____ SPOUSE: _____
Date Place Name

SOCIAL SECURITY # _____ NPI #: _____

MEDICAL SCHOOL: _____
School Degree

CURRENT RESIDENCY: _____
Location School Specialty Start Date End Date
Graduation Date

PREVIOUS RESIDENCIES: _____
Department School Specialty Start Date End Date
Department Chair

FELLOWSHIPS: _____
School Specialty Start Date End Date
Start Date End Date

LICENSES: _____
State Number Date
State Number Date

- Have you been convicted, indicted or charged with or is there now pending any criminal prosecution against you which would constitute a felony, involve the practice of medicine or involve moral turpitude? Yes No
- Have you been subject to proceedings by a licensing agency to deny, cancel, limit, suspend or revoke a medical license? Yes No

I hereby make application for membership to the Greater Louisville Medical Society and Kentucky Medical Association and, if accepted as a member, agree to support its Bylaws, and to conduct myself professionally and personally according to the principles of medical ethics of both Associations. I hereby declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial of my application for membership or revocation of my membership.

Signature Date

PROCESSING FEE

The \$40.00 one-time processing fee covers both GLMS and KMA membership for your entire training period.

Greater Louisville Medical Society -	\$15.00
Kentucky Medical Association -	\$25.00
TOTAL DUE AT TIME OF APPLICATION	\$40.00

Make check payable to: **Greater Louisville Medical Society**

- Visa** **MasterCard** **Discover** **American Express**

_____ Expiration date: _____

Name on credit card: _____ Signature: _____

Billing address for card: _____

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