MSDC
MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

1250 23rd St. NW
Suite 270
Washington, DC 20037

Telephone: 202-466-1800
Fax: 202-452-1542
http://www.msdc.org

APPLICATION FOR ACTIVE MEMBERSHIP

1st year dues $325*

*** Present through December 31, 2020**

BIOGRAPHICAL DATA

*** Items with an asterisk are required**

*** Name** _____ ***Email** _____

Practice (name, primary office address, city, state, zip) _____

_____

Office phone _____**Office fax** _____ **Mobile phone** _____

Home address _____

_____ **Home phone** _____

Preferred mailing address: Office ___ Home ____ **Preferred billing address:** Office _____ Home _____

Male ____**Female** _____ **Date of Birth** _____ **Specialty** _____

Please list the activities, projects, or issues in which you feel the Medical Society should be involved or can assist you in your practice.

_____

_____

Applications may also be completed online at www.msdc.org/JOIN

OBLIGATION FOR MEMBERSHIP

I certify that to the best of my knowledge, the information that I have provided in this application is true and accurate. If elected to membership, I hereby agree to be governed by the Constitution and Bylaws of the Medical Society of the District of Columbia (available at www.msdc.org/bylaws), and to abide by the regulations prescribed therein. I understand that by providing my mailing address, email address, telephone number and fax number I consent to receive communications sent by MSDC via regular mail, email, telephone, or fax. I also understand that MSDC may share my mailing address, telephone or fax number with subsidiaries or affiliates but that MSDC WILL NOT share or otherwise distribute my email address.

*Signature of Applicant _____ Date _____

Send check payable to "Medical Society of DC" to 1250 23rd Street NW, Suite 270, Washington, DC 20037, or complete credit card payment below and return by fax to 202-452-1542 or by mail to 1250 23rd Street NW, Suite 270, Washington, DC 20037.

CREDIT CARD AUTHORIZATION ***(MasterCard, Visa, American Express, Discover)***

Name _____ **Expiration Date** _____

Card No _____ **Security Code** _____

Cardholder Signature _____ **Date** _____