



RESIDENT/FELLOW MEMBERSHIP APPLICATION

Membership Fee: \$35

PERSONAL & PROFESSIONAL INFORMATION (PLEASE PRINT OR TYPE)

Full Name: _____
Degree: ☐MD ☐DO Specialty: _____ LA License #: _____
Gender: ☐Male ☐Female Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Home Email: _____
Residency/Fellowship: _____ Completion Year: _____
Program Address: _____
Program Email: _____
Medical School: _____ Year Received Degree: _____
Preferred Mailing Address: ☐Home ☐Work **Preferred Email Address:** ☐Home ☐Work

PAYMENT INFORMATION (PLEASE PRINT OR TYPE)

☐ Charge my credit card: ☐MasterCard ☐Visa ☐Discover ☐American Express

Name on Card: _____

Card Billing Address: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ (3 digits on back or AMEX 4 digits on front)

Signature: _____

☐ Check Enclosed (payable to the LSMS)

Members are governed by the Louisiana State Medical Society (LSMS) Principles of Medical Ethics and must comply with the bylaws of the LSMS. To assist in upholding these standards, please provide answers to the following questions. If you answer yes to any of these questions, please attach full information.

Yes No

☐ ☐ Have you ever been convicted of fraud or a felony?

☐ ☐ Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any imposed sanctions or conditions.

☐ ☐ Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application including governmental and regulatory entities, to release any and all such information.

I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society.

The forgoing information is true and complete.

Signature

Date

If membership has been recommended to you by an LSMS member, please list his/her name below:

**If you have questions about membership, contact the LSMS membership department at 225.763.8500 or membership@lsms.org. Return application and applicable dues to:
LSMS Membership Department, 6767 Perkins Road, Ste. 100, Baton Rouge, LA 70808.**