 **MEMBERSHIP APPLICANT**

LCMS Member Rate Information

$425 Active Membership

$45 Resident Membership

$50 Retired Physicians

$318.75 Associate Member

**Please include $100 application fee and email** **admin@lcmsfl.org** **your professional JPG photo. (REQUIRED).**

##### APPLICATION INFORMATION (Please print)

  MD  DO Last Name (Print): First Name Middle Initial

Gender:  Female  Male Date of Birth: / / Place of Birth: Foreign language spoken:

Primary Specialty: Spouse/Partner Full Name:

Personal Home Address: \*Cellphone /Text Number:

\*Personal Email: *\*personal cell and email address are never shared publically*

 Practice Type:  Solo  Group  Employed  Other \_\_\_\_\_\_\_\_\_\_\_

**PRACTICE AND HOME INFORMATION**

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Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Phone: Practice Fax: \_\_\_\_ Website: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.leehalth.org)

Practice Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Manager Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Manager Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING** - Do you prefer to receive mail at:  HOME  OFFICE

##### BOARD CERTIFICATIONS

FL Medical License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Certified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Certified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHERE do you have HOSPITAL PRIVILEGES at?**   Lee Health  Lehigh Regional  N/A Other:

##### Personal Information

**Let us know about your interests:(**examples such as:hobbies, civic organizations, research, family & children activities, travel, mentoring, etc.)

##### Media Consent

I hereby authorize Lee County Medical Society (LCMS) to use my photographs, audio recordings, and/or video recordings taken of me during yearly events for educational and/or promotional purposes. I understand this information becomes the property of LCMS and may also be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, social media platforms and/or other similar ways determined by LCMS. I consent to receive communications sent via regular mail, email, telephone, text or fax by the Lee County Medical Society. I understand this Consent remains in effect as long as I remain a member of the Lee County Medical Society.

 \_\_ Yes, I give consent. \_\_ No, I do not give my consent.

##### Membership Application & Qualification Questions *The information provided in this section is strictly confidential and for LCMS business use only.*

**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 other 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 the information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental, references listed and regulatory entities, to release any and all such information. I understand that any false or misleading statement made on my application may be ground for denial of membership or probation or censure by, or suspension or expulsion from the medical society (ies). The foregoing information is true and complete. **\*** If you answer yes to any of these questions, please attach full information.

I hereby authorize the Committee on Ethical and Judicial Affairs, Board of Governors and Officers of the Lee County Medical Society to contact any references listed by me on my application for membership in the society or to any other physician, person, agency or organization concerning my professional background, character, citizenship or qualifications to be a member of the Medical Society; and, in so instructing the above Boards, Officers, Committees and persons to make this investigation, I hereby agree to hold them and any person or organization answering their inquiries about my qualifications, education, experience, character and citizenship harmless from any claims by me for any statements which they may make concerning me. Please inform Lee County Medical Society (LCMS) of any changes that come into effect during your membership.

 SIGNATURE OF APPLICANT DATE

**10 Benefits of Membership to Lee County Medical Society**

1. **Society Educational & Social Meetings:** Activities include the Annual Medical Service Awards Dinner, Retiree Luncheons, Women Physician events, Residency Reception, sports activities, CME dinners and much more! Monthly cocktail hour free for members.
2. **Physician Wellness Program:** Member physicians are eligible to receive 8 free psychology visits per calendar year with priority availability and confidentiality.
3. **Physician Referrals:** We offer free referrals and background checks of physicians for patients.
4. **Pictorial Physician Directory of Active Members:** The Pictorial Directory contains information for all active members and is an excellent resource for patients seeking a physician. The directory is updated yearly. Distributed free to the public.
5. **Local Advocacy:** LCMS President and Board addresses the local medical issues. As a County Society, we are able to have a group voice at the state level to influence state legislative changes.
6. **Six Monthly Issues of the Bulletin:** Mailed to all members to keep them current on issues affecting the practice of medicine. The Bulletin is also archived on the LCMS website.
7. **McCourt Scholarship Scholarships for Children with Diabetes:** McCourt Scholarship sponsors children with Diabetes to help them cope with their disease by sending them to Florida Camp for Children and Youth with Diabetes.
8. **The Doctors Company (FPIC):** Provides eligible LCMS members 10% off on their malpractice premiums.
9. **LCMS Website:** www.lcmsfl.org Lists physician members’ information, photo and links to their website. Also provides Medical Society programs.
10. **Lee County Physician Multiple Employer Health Plan:** Provides health and ancillary insurance by bringing practices together as a single large group.

**Explanation of Dues**

**Lee County Medical Society – $425.00** Active members - **$45.00** Resident Members - **$50.00** Retired Members **$318.75** Associate Member – **Provides grassroots involvement with organized medicine**. We need all physicians to support their organization. *Retired Members will be required to pay for their dinners at membership meetings and other events as they arise.*

**Public Relations Fund** – **$50.00 –** Provides for the promotion of the Lee County Medical Society to the public through the media.

**McCourt Scholarship** **– $50.00 –** Provides scholarships for children and youth to attend Diabetes Camp so that they can learn to better deal with Diabetes. This Scholarship was set up as a memorial to the McCourt Family who was lost in a plane crash.

**Lee County Medical Society Foundation** **- $100.00 +** The purpose of the Lee County Medical Society Foundation shall be to provide financial support for a physician wellness program. This program provides an avenue for consultation and assistance for LCMS member physicians to easily and confidentially access care regarding their own mental health. The foundation will also allow donations from LCMS to other charitable organizations when appropriate.

**\*LCMS will be happy to work with you on a payment plan**