



Application Form for MEDICAL PRACTICE MANAGERS SECTION-MSNJ

ANSWER QUESTIONS FULLY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. APPLICATIONS MUST BE TYPED, PRINTED OR SUBMITTED ON-LINE.

PRACTICE MANAGER NAME: _____

Last

First

Middle

SEX: M F SOCIAL SECURITY NO: XXX - XX - BIRTH DATE: / /

Month Day Year

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

Street

City

State

Zip

County

TELEPHONE: _____ FAX: _____ E-MAIL: _____

NUMBER OF PHYSICIANS IN PRACTICE _____ NUMBER OF OFFICE STAFF IN PRACTICE _____

TYPE OF PRACTICE _____

LIST ALL PHYSICIANS IN PRACTICE AND PROVIDE LICENSE NUMBER FOR EACH:

(Continue list on separate piece of paper, if necessary.)

Physician Name

License No.

SECTION DUES: \$60

CHECK made payable to "MSNJ" CREDIT CARD (circle one): VISA MASTERCARD AMEX

Cardholder Name

Address

Card Number

Expiration Date

Cardholder Signature

If granted Non-Physician Affiliate Membership status, I agree to conduct myself professionally and personally according to the principals of professional ethics and to be governed by the Constitutions and By-Laws of the Medical Society of New Jersey.

I hereby release, and hold harmless from any liability or loss, the Medical Society of New Jersey, their officers, agents, employees and members for acts performed in good faith and without malice in connection with evaluating my application. Also, I hereby release from liability any and all individuals and organizations who, in good faith and without malice, provide information to the above named organizations or to their authorized representatives concerning my professional competence, ethical conduct, character and any other qualifications for membership.

APPLICANT'S SIGNATURE _____ DATE: / /
Month Day Year

PLEASE NOTE: In order for an individual to qualify for Non-Physician Affiliate Membership status, at least one physician must be an active, dues paying, MSNJ member in good standing.

MAIL FORM AND PAYMENT TO: Medical Society of New Jersey, Attn: Membership, 2 Princess Road, Lawrenceville, NJ 08648.

****Please call 609.896.1766 with questions****