

APPLICATION FOR MEMBERSHIP NORTH DAKOTA MEDICAL ASSOCIATION

District Medical Society
American Medical Association



Active Resident Retired

Name _____ Degree _____ Gender _____
Last, First, Middle initial (MD, DO, etc.) (M or F)

Clinic/Office _____

Office Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Starting date at clinic/office _____

Office e-mail _____ Personal e-mail _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Home Fax _____

Birth date ____/____/____ Birthplace _____

Spouse _____
(First and Last Name)

Medical School _____
(Name and Location)

Medical School Graduation Date _____ ND License Number _____

Residencies _____ Dates _____
_____ Dates _____

Fellowships _____

Specialty _____ Subspecialty _____ Subspecialty _____

Board Certified by _____ Year Certified _____

Board Certified by _____ Year Certified _____

Specialty Society memberships _____

Are you a current AMA member? Yes ___/No ___

Mail this application to: NDMA
PO Box 1198
Bismarck, ND 58502-1198

If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Constitutions and By-Laws of the District Society, the North Dakota Medical Association and the American Medical Association.

I hereby release, and hold harmless from any liability or loss, the _____ District Medical Society, and the North Dakota Medical Association, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any 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 other qualifications for membership.

**Please attach a
photo**

Signature _____ Date ____/____/____