



**BIBB COUNTY MEDICAL SOCIETY**  
A COMPONENT SOCIETY OF THE MEDICAL ASSOCIATION OF GEORGIA

*RESIDENT MEMBERSHIP APPLICATION*

\_\_\_\_\_ Date

NAME \_\_\_\_\_  
Last First Middle Social Security No.

TRAINING INSTITUTE \_\_\_\_\_  
Name Street or P.O.Box Zip Business Telephone No.

HOME ADDRESS \_\_\_\_\_  
Street City State Zip Home Telephone No.

DATE OF BIRTH \_\_\_\_\_ Dates of Current Residency Program \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ PGY: \_\_\_\_\_ SPECIALTY \_\_\_\_\_

SEX \_\_\_ M \_\_\_ F NAME OF SPOUSE \_\_\_\_\_ Spouse is a Practicing MD \_\_\_ Yes \_\_\_ No  
Title First Last Name

MEDICAL EDUCATION \_\_\_\_\_  
School City/State/Country Degree Dates

ANY PRIOR RESIDENCIES: \_\_\_\_\_  
Hospital/School City/State/Country Dates

\_\_\_\_\_ Hospital/School City/State,Country Dates

LICENSE(S) \_\_\_\_\_ ECFMG NO. \_\_\_\_\_  
State No. Date

PREVIOUS STATE SOCIETY MEMBERSHIPS \_\_\_\_\_

GEORGIA SPECIALTY SOCIETY MEMBERSHIPS \_\_\_\_\_

CURRENTLY AMAMEMBER? \_\_\_ Yes \_\_\_ No CURRENTLY MEDICAL ASSOC. OF GA. MEMBER? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony crime? \_\_\_ No \_\_\_ Yes If yes, please attach full information.

Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?  
\_\_\_ No \_\_\_ Yes If yes, please attach full information.

Have you ever been the subject of any disciplinary action by any medical society or hospital staff?  
\_\_\_ No \_\_\_ Yes If yes, please attach full information.

(over for signature >>)

*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 Constitution and Bylaws of the county society, the Medical Association of Georgia, and the American Medical Association.*

*I hereby release, and hold harmless from any liability or loss, the Bibb County Medical Society, and the Medical Association of Georgia, their officers, agency, 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.*

*To the best of my knowledge, the information I have provided is true, complete, and accurate.*

Applicant's Signature \_\_\_\_\_

FOR COUNTY USE

APPLICATION APPROVED BY \_\_\_\_\_

\_\_\_\_\_

CERTIFIED BY \_\_\_\_\_ DATE OF ACTION \_\_\_\_\_

\_\_\_\_\_  
BCMS

\_\_\_\_\_  
MAG

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