



2010 PHYSICIAN MEMBERSHIP APPLICATION

First / Middle / Last Name:

(TYPE OR PRINT YOUR NAME AS IT APPEARS ON YOUR MEDICAL LICENSE.)

Degree: MD DO

Specialty:

ABMS Board Certification: Yes No If Yes, Year of Certification:

Re-certification:

Self-designated Practice Specialty:

Practice Name:

Office Address:

City / State / Zip:

Telephone / Fax:

Office Manager/Practice Administrator Name:

Number of Physicians in your Practice:

Local Home Address:

City / State / Zip:

Telephone / Fax:

Which address would you like us to use for correspondence and publications? Office Home

E-mail:

Publish E-mail in Directory: Yes No

Medical School:

Date of Degree:

Place of Internship / Specialty:

Date of Internship:

Place of Residency / Specialty:

Date of Residency:

Postgraduate-Fellowship / Specialty:

Date of Postgraduate-Fellowship:

California Medical License Number:

Sex: Male Female

Date of Birth:

Place of Birth:

Languages Spoken:

Please tell us why you decided to join:

Applicant's Signature*:

Application Date:

*By signing above, I attest that the foregoing is true and complete, and I endorse the principles of medical ethics of TCMS, CMA and AMA.

Payment Options – please choose payment by check or by credit card.

Payment in full by check — made payable to "TCMS"

Payment in full by credit card

Amount to Charge (see reverse):

VISA/MasterCard/Discover

Expiration Date:

CVC #:

Cardholder's Signature:

Billing Zip Code:

Return by fax to (559)-334-0090 or mail to 3333 S. Fairway, Visalia CA 93277

Questions? Call Gail Locke at (559) 734-0393, or e-mail her at gail@tkfmc.org

Please fill out this application as completely as possible.

2010 PHYSICIAN MEMBERSHIP APPLICATION SIDE 2

An application for combined membership in the Tulare County Medical Society (TCMS) and the California Medical Association (CMA) is on the reverse. This form is your application for membership to both organizations, and your information will be processed by TCMS and forwarded to CMA. Full annual dues are \$50 for TCMS and \$590 for CMA. The county societies collect the total amount and forward the CMA portion.

An AMA profile will be used to verify your training. If any part of your training cannot be verified in this manner, you will be contacted to supply a certificate of completion of training. The Medical Board of California will verify your license. After verification, your application will be presented to the TCMS Membership Committee and then to the TCMS Board of Directors for acceptance as an active member.

Rejoining physician members do not need to fill out a new membership application. A current office address and phone number are sufficient information to reinstate membership. Rejoining members dues are full dues.

A special dues structure for first-time members of CMA has been adopted to ease the financial burden for physicians new in practice and also to encourage membership for those physicians who have thus far not participated in organized medicine. The annual dues for those new to CMA are as follows:

	TOTAL TCMS/CMA
First Year	\$320 (50% of dues)
Second Year	\$480 (75% of dues)
Third Year	\$640 (full dues)

AMA dues are an additional \$420 annually and may be included with your TCMS and CMA dues. Membership in AMA is recommended and not obligatory.

To complete your application, please submit the following:

- 1) A completed membership application;
- 2) A photo for the 2009-10 TCMS Pictorial Membership Directory;
- 3) Payment to TCMS, mailed to our office address below, or faxed to the office fax below.

Special membership rates are available to government-employed physicians (\$320/year) and physicians over 65 years of age who work less than 20 hours a week (\$320/year). Eligibility rules apply; contact Gail Locke at (559) 734-0393 for more information.

If you have any questions, please contact:

Tulare County Medical Society
Attn.: Gail Locke, Provider Relations
3333 S. Fairway
Visalia, CA 93277
Telephone: (559) 734-0393
Fax: (559) 334-0090
E-mail: gail@tkfmc.org

REFERRAL SERVICE PARTICIPATION AGREEMENT

I _____ understand that my participation in the REFERRAL SERVICE sponsored by the Tulare County Medical Society is subject to the following conditions.

1. Participation by member-physicians is voluntary and, therefore, I may terminate my participation in the REFERRAL SERVICE upon written request.
2. As a condition to participating in the REFERRAL SERVICE, and in order to protect the Medical Society and/or its agents from liability, I hereby authorize that my name be suspended from the list of participating physicians if I am charged with any crime which has relevance to my professional practice or licensure, or if disciplinary action is instituted against me by, or on behalf of the Board of Medical Quality Assurance.
3. I further authorize that my participation not be reinstated until such time as the criminal or disciplinary action is dismissed, or until all terms, conditions or sanctions imposed are satisfied.
4. For the purpose of this agreement, the term "disciplinary action" shall include, but not be limited to, formal accusations, injunctions, restraining orders, judicial, administrative or quasi-judicial proceedings, and the period during which any terms, conditions or sanctions are imposed pursuant to such proceedings. I understand and agree that if my name is suspended from the list of participating physicians as heretofore provided, I am entitled to an appeal in accordance with rules of procedure of the Professional Relations Committee. I further understand and agree that I must request and appeal, in writing, within ten (10) days following notice of suspension from the list of participating physicians.
5. I understand and agree that the REFERRAL SERVICE may reinstate my name to the list of participating physicians following completion and satisfaction of any term, condition or sanction imposed upon me as outlined above, upon application by me.
6. I further agree that any controversy or claim that may arise out of this agreement, or relating to the rights and obligations incident hereto, shall be settled by arbitration in accordance with the provision of California law as contained in Sections 1280 et seq of the Code of Civil Procedure, as amended from time to time and judgment rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Signature of Applicant

Date