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Washington, DC 20004

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Fax: 202-452-1542  
http://www.msdc.org

# APPLICATION FOR ACTIVE MEMBERSHIP

## 1<sup>st</sup> year dues \$325\*

\* Present through December 31, 2021

### BIOGRAPHICAL DATA

\* Items with an asterisk are required

\* Name \_\_\_\_\_ \*Email \_\_\_\_\_

Practice (name, primary office address, city, state, zip) \_\_\_\_\_

Office phone \_\_\_\_\_ Office fax \_\_\_\_\_ Mobile phone \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_

Preferred mailing address: Office \_\_\_\_ Home \_\_\_\_ Preferred billing address: Office \_\_\_\_ Home \_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_\_ Specialty \_\_\_\_\_

Please list the activities, projects, or issues in which you feel the Medical Society should be involved or can assist you in your practice.

\_\_\_\_\_  
\_\_\_\_\_

*Applications may also be completed online at [www.msdc.org/JOIN](http://www.msdc.org/JOIN)*

### OBLIGATION FOR MEMBERSHIP

I certify that to the best of my knowledge, the information that I have provided in this application is true and accurate. If elected to membership, I hereby agree to be governed by the Constitution and Bylaws of the Medical Society of the District of Columbia (available at [www.msdc.org/bylaws](http://www.msdc.org/bylaws)), and to abide by the regulations prescribed therein. I understand that by providing my mailing address, email address, telephone number and fax number I consent to receive communications sent by MSDC via regular mail, email, telephone, or fax. I also understand that MSDC may share my mailing address, telephone or fax number with subsidiaries or affiliates but that MSDC WILL NOT share or otherwise distribute my email address.

\*Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send check payable to "Medical Society of DC" to 1250 23<sup>rd</sup> Street NW, Suite 270, Washington, DC 20037, or complete credit card payment below and return by fax to 202-452-1542 or by mail to 1250 23<sup>rd</sup> Street NW, Suite 270, Washington, DC 20037.

#### CREDIT CARD AUTHORIZATION (MasterCard, Visa, American Express, Discover)

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card No \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_