



# COLORADO MEDICAL SOCIETY

PO Box 17550  
Denver, CO 80217  
(720) 858-1001  
membership@cms.org

**APPLY ONLINE AT: [CMS.ORG/JOIN](http://CMS.ORG/JOIN)**

## APPLICATION FOR MEDICAL SOCIETY MEMBERSHIP IN COLORADO

Please complete all parts of this application. Colorado Medical Society membership requires membership in your local medical society.

### BASIC INFORMATION

Name: \_\_\_\_\_ Suffix \_\_\_\_\_ Degree \_\_\_\_\_ Gender  Male  Female

Email: \_\_\_\_\_ Birth date \_\_\_\_\_ Spouse \_\_\_\_\_

CO medical License # \_\_\_\_\_ Primary specialty \_\_\_\_\_ Certified?  Secondary specialty \_\_\_\_\_ Certified?

### PRACTICE INFORMATION

Publish in directory

Name \_\_\_\_\_

Street \_\_\_\_\_ Unit/Ste \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Manager \_\_\_\_\_ Email \_\_\_\_\_

### HOME INFORMATION

Your home information will not be shared with anyone.

Street 1 \_\_\_\_\_ Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL EDUCATION & TRAINING

Type	Institution	Location	Specialty	Start (MM/YY)	End (MM/YY)
Medical school					

Are there any judicial or regulatory actions past or pending which have affected your license to practice medicine or hospital staff privileges?  Yes  No

If you answered "Yes" to the above question please explain on a separate page and attach to this application.

If elected to membership, I agree to conduct myself professionally and personally according to the AMA Principles of Medical Ethics and to be governed and bound by the Constitution and Bylaws of the Society(ies) for which I am applying. Further, I hereby affirm that I have no physical, mental or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission of false or fraudulent information may result in denial of membership or expulsion from the society (ies).

I hereby release, and hold harmless from any liability or loss, the Society(ies) for which I am applying, their officers, agents, employees and members, for acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized representatives from any liability concerning information provided about my professional competence, ethical conduct, character and other qualifications for membership.

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

Classification \_\_\_\_\_ Component society \_\_\_\_\_ CMS # \_\_\_\_\_