

Rhode Island Medical Society

235 Promenade Street, Suite 500, Providence, Rhode Island 02908
Tel (401) 331-3207 Fax (401) 751-8050 Website www.RImed.org



NAME _____ DEGREE _____ DATE OF BIRTH _____

PRIMARY OFFICE ADDRESS _____

OFFICE TELEPHONE _____ OFFICE FAX _____ E-MAIL ADDRESS _____

SECONDARY OFFICE ADDRESS _____

OFFICE TELEPHONE _____ OFFICE FAX _____ E-MAIL ADDRESS _____

HOME ADDRESS _____

HOME TELEPHONE _____ SPOUSE'S NAME _____ IS YOUR SPOUSE A PHYSICIAN? YES NO

MEDICAL SCHOOL _____ GRADUATION YEAR _____

SPECIALTY _____ BOARD CERTIFIED? YES NO

PRIMARY (I.E., WHAT YOU DO IN YOUR PRACTICE)

SECONDARY _____ BOARD CERTIFIED? YES NO

PREFERRED MAILING ADDRESS

ALL MAIL TO: OFFICE HOME **OR** PLEASE INDICATE ADDRESS FOR EACH OF THE FOLLOWING:

MEDICINE & HEALTH/RHODE ISLAND (MONTHLY JOURNAL) OFFICE HOME MEMBERSHIP DUES BILLING OFFICE HOME

RHODE ISLAND MEDICAL NEWS (RIMS NEWSLETTER) OFFICE HOME

MANY PATIENTS CALL RIMS LOOKING FOR A NEW DOCTOR. DO YOU WANT RIMS TO REFER SUCH CALLERS TO YOU? YES NO

MEMBERSHIP CATEGORIES

FULL (\$475) SPOUSAL DISCOUNT (\$250 FOR SECOND RIMS MEMBER) PHYSICIAN ASSISTANT (\$50)

FIRST YEAR OF PRACTICE (NO CHARGE) PART TIME (20 HOURS OR LESS PER WEEK) (\$250) AFFILIATE (\$50)

SECOND YEAR OF PRACTICE (\$100) RESIDENT/FELLOW (\$40) RETIRED (\$50)

THIRD YEAR OF PRACTICE (\$200) MILITARY (IN UNIFORM) (\$110) MEDICAL STUDENT (FREE)

FOURTH YEAR OF PRACTICE (\$300)

Signature

Date

Mail your application with your dues check to: Rhode Island Medical Society, 235 Promenade Street, Suite 500, Providence, RI 02908

FOR INTERNAL USE ONLY

Approved by the Rhode Island Medical Society on _____ Code _____