

# 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](http://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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> FULL ACTIVE (\$495)                | <input type="checkbox"/> SPOUSAL DISCOUNT (\$275 FOR SECOND RIMS MEMBER) | <input type="checkbox"/> PHYSICIAN ASSISTANT (\$55)  |
| <input type="checkbox"/> FIRST YEAR OF PRACTICE (NO CHARGE) | <input type="checkbox"/> PART TIME (20 HOURS OR LESS PER WEEK) (\$275)   | <input type="checkbox"/> AFFILIATE (\$55)            |
| <input type="checkbox"/> SECOND YEAR OF PRACTICE (\$100)    | <input type="checkbox"/> RESIDENT/FELLOW (\$45)                          | <input type="checkbox"/> RETIRED (\$55)              |
| <input type="checkbox"/> THIRD YEAR OF PRACTICE (\$200)     | <input type="checkbox"/> MILITARY (ACTIVE DUTY) (\$0)                    | <input type="checkbox"/> MEDICAL STUDENT (NO CHARGE) |
| <input type="checkbox"/> 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 \_\_\_\_\_