Pitt County Medical Society
PO Box 18
Greenville, NC 27835

Tel 252-758-8833
Fax 252-758-0930

APPLICATION FOR MEMBERSHIP

Please Type or Print

Instructions: Submit to Pitt County Medical Society, PO Box 18, Greenville, NC 27835. **Yearly dues are $225**

Full Name of Applicant **(PLEASE PRINT)**	Spouse's Name	Is Spouse a Physician ? ☐ Yes ☐ No	
Practice Name		Date of Birth	Sex
Business Address	City, State, Zip	Business Phone: Fax:	
Home Address	City, State, Zip	Telephone	
Home Email: Business Email:	Send Mail To: ☐ Home ☐ Business Send Email To: ☐ Home ☐ Business		
Medical Education (Current Name of School)	Graduation Date	Last Year of Training	Year of Initial Medical License
NC Medical License Number	Date Issued	Other States Where You Are Licensed	
Primary Specialty	Secondary Specialty		

If elected to membership, I agree to conduct myself professionally and personally according to the principles and medical ethics of the American Medical Association and to be governed by the constitution and by-laws of the Pitt County Medical Society and North Carolina Medical Society.

_____ _____
Signature Date

For Office Use Only
This applicant was elected to membership

on _____

_____
County Medical Society Secretary/Exec.

If you prefer to pay by credit card, complete the following:

☐ Visa ☐ Mastercard Expiration Date ☐☐ - ☐☐

Account Number ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

_____ _____
Signature of cardholder Date