WELCOME TO THE HOUSE OF MEDICINE.

WE'RE GLAD YOU'RE HERE...

COLORADO MEDICAL SOCIETY

Colorado Medical Society

Application for membership

Fields marked with * are required.

First Name* _____ Middle Name _____ Last Name* _____ Suffix _____

Degree ☐ MD ☐ DO I Identify My Gender As* _____ Birthdate* _____

Email* _____ Cell Phone _____

Practice Location _____ Practice setting* (Employed or Independent) _____

License number* and NPI* _____ Years in Practice* _____ Specialty _____

MAILING ADDRESS

Type* ☐ Home ☐ Business

Street* _____ Ste/Unit/Apt _____

City* _____ State* _____ ZIP Code* _____

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 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.

I affirm the above is true and correct to the best of my knowledge. ☐ Yes ☐ No

Signature* _____

Return this form to the Membership Department of the Colorado Medical Society for processing: membership@cms.org. For more information, call 720.859.1001.