



Lexington Medical Society

2628 Wilhite Court, Suite 201, Lexington, Kentucky 40503-3328
859.278.0569 • Fax 859.277.3919

www.LexingtonDoctors.org • email: member@LexingtonDoctors.org



APPLICATION FOR MEMBERSHIP

Name _____ Nickname _____ Date _____

Office Address _____ Telephone _____

Office Fax _____ E-mail Address _____

Residence _____ Telephone _____

Please send mail to: Office Home Email

Sex: M F Marital Status: M S D W No. of children _____ Spouse Name _____

Birth Date _____ Birthplace _____ Citizenship _____ SSN _____

Medical Education:

Medical School _____ Degree _____ Date of MD/DO _____

Internship:

Hospital _____ Dates _____ - _____

Location _____

Residency (list all):

Institution _____ Dates _____ - _____

Location _____

Institution _____ Dates _____ - _____

Location _____

Institution _____ Dates _____ - _____

Location _____

Fellowship (list all):

Institution _____ Dates _____ - _____

Location _____

Institution _____ Dates _____ - _____

Location _____

Licensures (list all):

State _____ Number _____ Date _____

State _____ Number _____ Date _____

State _____ Number _____ Date _____

Date entered private practice _____ Place _____ DEA No. _____

Military Service (past and present):

Branch _____ Dates _____ - _____

Branch _____ Dates _____ - _____

Membership on Hospital Staffs (past and present):

Hospital _____ Status _____

Location _____ Dates _____ - _____

Hospital _____ Status _____

Location _____ Dates _____ - _____

Hospital _____ Status _____

Location _____ Dates _____ - _____

Hospital _____ Status _____

Location _____ Dates _____ - _____

Membership in Medical Societies (past and present):

Society _____ Dates _____ - _____

Location _____

Society _____ Dates _____ - _____

Location _____

Certified by:

American Board of _____ Dates _____ - _____

American Board of _____ Dates _____ - _____

Offices, Honors, Activities: _____

The undersigned plans to practice as follows: Specialty (indicate specialties) _____

For current Residents & Fellows:

I give the Lexington Medical Society permission to obtain my photo from the UK GME office.

In making this application for membership in the Lexington Medical Society, I agree to abide by the Constitution & Bylaws of the Society and the Principles of Medical Ethics of the American Medical Association.

(Signature)

For In-Training Membership - Verified by House Staff Office

YES NO

Action of Administrative Council: Signature _____ Date _____

Action of Society _____ Type _____ Date _____

LEXINGTON MEDICAL SOCIETY INFORMATION FOR ACTIVE MEMBERSHIP

WHO MAY FILE AN APPLICATION FOR MEMBERSHIP

1. A physician licensed by the Kentucky Board of Medical Licensure.
2. A physician practicing or residing in Fayette County.

PAPERS TO BE FORWARDED TO THE SOCIETY

- Application form.
- Recent photograph for Society Directory.
- If applicable, letter from previous county medical society stating membership status.
- Check in full for dues: made payable to Lexington Medical Society.

(Dues for KMA and LMS must be paid together. AMA is strongly encouraged.)

AMERICAN MEDICAL ASSOCIATION	\$420.00
KENTUCKY MEDICAL ASSOCIATION	\$530.00
KMA LEGAL TRUST FUND	\$ 25.00
LEXINGTON MEDICAL SOCIETY	\$300.00

A portion of dues may be deductible as professional or business expenses. Dues and other contributions to LMS/KMA/AMA are not deductible as charitable contributions for Federal income tax purposes.

Physicians elected to active membership within six months of the completion of their residency, fellowship or fulfillment of government-obligated service shall pay one-half of the yearly rate their first full year of membership. This applies to LMS, KMA and AMA dues. Physicians in their second year of practice pay three-fourths of the KMA/AMA annual rate. Applicants elected to membership after June 30 of any year are required to pay only one-half of the yearly rate. KMA dues for all new members will be prorated on the basis of date of receipt of application.

If there are any questions concerning dues, call the Society office at 859.278.0569 or e-mail info@lexingtondoctors.org.

Please forward all papers to: LEXINGTON MEDICAL SOCIETY
2628 Wilhite Court, Suite 201, Lexington, KY 40503-3328

TRANSFERS

Transferees from other county societies are processed exactly as the above except that dues paid to other county societies are credited to those due in LMS/KMA at the time of election. Transferees must have a letter of transfer or card from their previous county society attached to the application before credit is allowed.

ELECTION TO MEMBERSHIP

After approval of the application by the Membership Subcommittee and the Administrative Council, the application will be voted on at the next regular meeting of the Society.

1. Each AMA member will receive AMA journals automatically.
2. Each member will receive the *KMA Journal* monthly.
3. Please allow two months after becoming a member for circulation of journals.

MEETINGS

The Lexington Medical Society meets on the second Tuesday of January, March, May, September, October and November. Notices of the meetings are sent each month.