



LEXINGTON MEDICAL SOCIETY/KENTUCKY MEDICAL ASSOCIATION
In-Training Membership Application

Name MD DO

Date of Birth

Mailing Address

City Zip

Phone Email

Medical School: Graduation Date

Any previous residencies?

Specialty 1 Specialty 2

I will finish my residency in 20.

(The University of Kentucky will be paying your membership dues for both LMS & KMA, & you will retain membership throughout your entire residency/fellowship at UK.)

**Please submit this form to cmadison@lexingtondoctors.org no later than August 5th.

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