

MEMBERSHIP APPLICATION



Complete the form below and email to cmadison@LexingtonDoctors.org by August 1, 2024.

- 2024 Membership Application
- *Your membership is good throughout your residency.
- Got questions? Email Cindy Madison at the email above.



Personal Information

Full Name

MD DO Date Of Birth

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Home Address

City Zip Code

E-Mail

Mobile

Medical School/Post Medical School Information

Med School

Year Graduated Medical License #

Previous Residencies

Specialty

Anticipated Year of Residency/Fellowship Completion at UK

The Lexington Medical Society hosts 2 programs for the University of Kentucky Medical Students annually. Would you be interested in being a mentor to a medical student? Yes We also host a Career Chats event in September where local physicians host a specialty table and talk to students about their specialty. Would you be interested in hosting your specialty table? Yes

(If you answered "Yes" to either question, a member of LMS will reach out to you via email. Thank you!)

Lexington Medical Society
2628 Wilhite Court, Suite 201
Lexington, KY 40503

Membership:
cmadison@LexingtonDoctors.org

(859) 396-6094