

JOIN Today...

*Be a part of organized medicine and join the
Bronx County Medical Society & the Medical Society State of NY*

Membership Application

_____ Last Name First Name

_____ Business Address:

_____ City State Zip Code

_____ Telephone Fax Email

Medical School _____ Graduated _____ License # _____

Date of Birth _____

Membership Classification & Dues Rates –Please check one

- Young Physicians** - \$210 - (Under the age of 40 or in the first 5 years of practice)
Increases gradually over 3 years. (YP1) – Dues \$210 - (YP2) – Dues \$385 -(YP3) – Dues \$580
- Part time Physicians** - \$385 - (Working less than 20 hours per week)
- Full time Physicians** - \$775 - (\$305 Bronx - \$470 State)
- Residents/Fellows in Training** \$50.00

(MAKE CHECK PAYABLE TO “BRONX COUNTY MEDICAL SOCIETY” OR CREDIT CARD Visa or MasterCard only.)

Amount \$ _____

Card # - - -

Expiration Date - Vcode on the back of your card

Signature