

**NEW HAMPSHIRE  
MEDICAL SOCIETY  
APPLICATION FOR MEMBERSHIP**

COUNTY \_\_\_\_\_

**BIOGRAPHICAL DATA:**

\_\_\_\_\_  
Last Name First MI

\_\_\_\_\_  
Office Address Phone #

\_\_\_\_\_  
Home Address Phone #

\_\_\_\_\_  
FAX # Email Address: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_\_  
Marital Status Spouse Name

**MEDICAL EDUCATION:**

\_\_\_\_\_  
Institution Location Dates Degree

**LICENSE INFORMATION:** N.H. License Number: \_\_\_\_\_ Original Date Issued: \_\_\_\_\_

List all current hospital affiliations \_\_\_\_\_

What is your **SPECIALTY**? \_\_\_\_\_

**EMPLOYMENT:** Independent Group Practice **or** Solo/Partnership Health System Employed Retired

**BOARD CERTIFICATION:**

Board Name \_\_\_\_\_ Date \_\_\_\_\_

Board Name \_\_\_\_\_ Date \_\_\_\_\_

**Foreign Languages:** \_\_\_\_\_

What can the New Hampshire Medical Society do to benefit you as a physician? \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_