



## Membership Application

Also available online at [www.mmaoffice.org](http://www.mmaoffice.org)

*The MMA's mission is to serve our members as an advocate for the medical profession, quality patient care, and the health of all Montana Citizens.*

### Instructions:

Please complete and sign this application form to apply for membership in the Montana Medical Association. Note in appropriate section if applying for membership in a geographical medical society.

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Last First Middle

Business Address \_\_\_\_\_  
Street or P.O. Box # City, State, Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Home Fax

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yy

Home Address \_\_\_\_\_  
Street or P.O. Box # City, State, Zip

### EDUCATION & CERTIFICATIONS

Pre-Medical School \_\_\_\_\_  
Degree Year

Medical School \_\_\_\_\_  
Degree Year

Board Certifications:

Specialty	Name of Certifying Board	Date Certified mm/yy	Year Certification Expires mm/yy

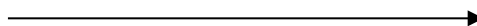
### LICENSE INFORMATION

\*Montana License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have you ever had your license revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No

If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_

Complete back portion



**MEDICAL SOCIETY MEMBERSHIP(S)**

If not a member of a geographical medical society, do you want to apply for membership through this application form? \_\_Yes \_\_No

Geographic Medical Society: \_\_\_\_\_

Do you currently belong to a State and/or National Medical Society? (Attach additional sheets as necessary)

State and/or National Medical Society	Last Year Dues Paid

**PRACTICE INFORMATION**

Start date of practice in Montana \_\_\_\_\_

List all locations of practice in Montana \_\_\_\_\_

Practice Environment: (Please check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Office/Clinic - Solo Practice          | <input type="checkbox"/> VA/Indian Health Hospital                | <input type="checkbox"/> Volunteer in a Free Clinic |
| <input type="checkbox"/> Office/Clinic - Partnership            | <input type="checkbox"/> Federal/State/Community Health Center(s) | <input type="checkbox"/> Work as locum tenens       |
| <input type="checkbox"/> Office/Clinic - Single Specialty Group | <input type="checkbox"/> Local Health Department                  | <input type="checkbox"/> Other (specify): _____     |
| <input type="checkbox"/> Office/Clinic - Multi-Specialty Group  | <input type="checkbox"/> Telemedicine                             | <input type="checkbox"/> Retired/Date _____         |
| <input type="checkbox"/> Hospital - Name _____                  |   |   |

Please indicate the percentage of time per week anticipated to be spent on providing direct clinical or patient care on a regular basis. \_\_\_\_\_

**OTHER INFORMATION**

Military Service \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_ N/A

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Have you ever been convicted of a felony? \_\_Yes \_\_No

If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had disciplinary action taken against you by a hospital or a medical society? \_\_Yes \_\_No

If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_

If elected to membership, I agree to conduct myself professionally and personally according to the "Principles of Medical Ethics" and to be governed by the Articles of Incorporations and By-Laws of the Montana Medical Association.

I hereby release, and hold harmless from any liability or loss, the above- named Medical Society, the Montana Medical Association, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above-named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Send completed and signed applications to:  
MMA Executive Office, 2021 11th Avenue, Suite 1, Helena, MT 59601-4890  
[mma@mmaoffice.org](mailto:mma@mmaoffice.org) ~ Fax: (406) 443-4042