



2018 Student Membership Application

Personal Information					
Last Name		First Name	Middle		Suffix
Home Address			City		Zip
Primary Email		Personal Email (if different from primary)		Male	Female
Primary Phone		Cell Phone (if different from primary)		Social Security Number	
Birth Date (mm/dd/yyyy)	Medical School Name				Graduation Year
Student Section Members	ship Benefits				

<u>Chicago Medical Society and Illinois State Medical Society</u>

CMS and ISMS both have a designated **free of charge** Medical Student Section. Joining CMS and ISMS offers additional membership benefits including:

- Network with colleagues and mentors on the local, state and national levels
- Receive the Chicago Medicine Magazine and ISMS Physician Advocate, giving you the latest alerts that impact your profession
- Access members-only benefits, programs, resources, professional and legislative advocacy and participation opportunities
- Educational and professional programs, and free online webinars

Plus, receive a FREE set of scrubs if you join for all four years of medical school!

Membership Application and Qualification Questions						
Members abide by the bylaws of the Society and the ISMS Code of Ethics ollowing question, sign and date. If you answer yes to this question, ple	s. To assist us in upholding these standards, please provide an answer to the ease attach a full explanation on a separate sheet of paper.					
Have you ever been convicted of fraud or a felony? Yes No.	9					
am aware that information submitted in this application will be verified						
hereby authorize other organizations having information relating to this nformation.	application, including governmental and regulatory entities, to release any and all such					
understand that any false or misleading statement made on my application expulsion from the medical society (ies).	on may be grounds for denial of membership or probation or censure by, or suspension					
The foregoing information is true and complete.						
Signature	Date					
EMAIL: cms@cmsdocs.org FAX: 312-670-3646						
information via fax and e-mail. By Completing and Submitti notices of the availability of goods or services and opportuni	essary for ISMS and CMS to obtain signed written consent to distribute some ing this Application, you agree to receive from the association and its affiliates ities related to the practice of medicine. Please note ISMS or CMS do not sell or e providing the same type of promotions as in the past such as HIPAA or other ers.					
Consent to Fax/Email:	Yes No					