



**SPECIAL OFFER for members of the
ASSOCIATION OF CHINESE AMERICAN PHYSICIANS**

**MEDICAL SOCIETY OF THE STATE OF NEW YORK
AND THE MEDICAL SOCIETY OF THE COUNTY OF KINGS**

County and state membership is unified. Physicians may join the county society where they practice or where they reside.

YOUR COUNTY _____

NAME _____
Last First MI Jr./Sr.

HOME ADDRESS (H) _____
City State Zip

HOME TEL () _____ CELL () _____

OFFICE ADDRESS (O) _____

Send mail to H O _____
City State Zip

OFFICE TEL () _____ OFFICE FAX () _____

E-MAIL _____ DATE OF BIRTH _____ Male Female

MEDICAL SCHOOL _____ YEAR OF GRADUATION _____ MD DO

DATE OF COMPLETION OF RESIDENCY/FELLOWSHIP _____ OTHER DEGREES _____

CHECK IF WORKING FEWER THAN 20 HOURS/WEEK

CURRENT HOSPITAL AFFILIATIONS (If none, please list any HMO affiliations and provide your CV.)

HOSPITAL/LOCATION _____ POSITION/SPECIALTY _____

NYS LICENSE # _____ DATE GRANTED _____ DATE ENTERED PRACTICE _____

BOARD CERTIFIED? _____ YEAR _____ SPECIALTY _____

WORKERS' COMP BOARD RATING _____ ECFMG # (If attended medical school abroad) _____

Yes No Has your license to practice medicine ever been denied, suspended, revoked, or voluntarily surrendered?

Yes No Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered?

Yes No Have you ever been convicted of or pled guilty to any act that constitutes a misdemeanor or felony?

Have you ever been a member of this or any other county medical society? _____ County _____ When? _____

PHYSICIAN'S ATTESTATION: "I agree to conduct myself professionally and personally according to the principles of medical ethics and to comply with the bylaws, rules and regulations of each organization to which I am applying. In providing fax and e-mail information, I give the medical societies permission to send me news updates, important legal/legislative notices, seminar invitations, advertisements and web links."

PLEASE SIGN HERE TO INDICATE AGREEMENT _____ DATE _____

Please see dues on reverse. Make check payable to "Medical Society" or use the form below for credit card payment. A major share of Medical Society dues may be tax-deductible as a business expense. Check with your accountant for exact details.

Charge: Visa MasterCard American Express Discover **AMOUNT \$** _____

Card # _____ Expiration Date _____

Name on Card _____ Signature _____

The county society may require additional information

ACAP web

Medical Society dues for ACAP members who join MSSNY and the Medical Society of the County of Kings in 2012 will be reduced as part of an ACAP campaign to strengthen medical society clout in representing your interests

- New members and former members who return in 2012 can join MSSNY and the Kings County Medical Society for just \$460. See how this compares with regular dues below.
- Those who join in 2012 will continue to receive a special discount in 2013, with combined dues of \$600 for county and MSSNY membership.
- Young physicians and those in their first two years of practice qualify for even lower rates.
- If you wish to join through a different county society, please call MSSNY Membership at 1-800-523-4405 x 403, to ask if that county society also offers special ACAP pricing for new members.

Regular Dues for Established Physician	Special ACAP rate	Young Physician*	Part-time (<20hrs/wk)
\$764	\$460	\$200	\$387

*Under age 40 or in first 5 yrs. of practice (increases gradually over 3 years).

**Copy of medical liability carrier declarations page required.

1. Submit your application and dues in the envelope provided addressed to the Medical Society of the State of New York.
2. Medical liability insurance is available through the **Medical Liability Mutual Insurance Company**, the physician-owned company established by your state medical society in 1975. Full information can be obtained by contacting the company at 2 Park Avenue, Room 2500, New York, NY 10157-0505; telephone 1-800-275-6564 (metropolitan New York) or 1-800-356-4056 (upstate).
3. Please address any questions to the MSSNY Division of Membership:

Medical Society of the State of New York
865 Merrick Ave, PO Box 9007
Westbury, NY 11042
800-523-4405 x 403 • 516-488-6100 x 403
FAX: 516-616-9285