

APPLICATION FOR MEMBERSHIP

MEDICAL SOCIETY OF SEDGWICK COUNTY
& KANSAS MEDICAL SOCIETY



NAME: _____
First Middle Last MD/DO

PRACTICE NAME: _____

OFFICE ADDRESS: _____
Street Address City State Zip

OFFICE PHONE: _____ OFFICE FAX: _____

HOME ADDRESS: _____
Street Address City State Zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SPOUSE: _____

FOR SOCIETY MAILINGS PLEASE USE MY: () OFFICE ADDRESS () HOME ADDRESS () EMAIL

Have you been a member of any other state or county medical society? () Yes () No
If yes, please list _____

A CURRENT COLOR PHOTO MUST ACCOMPANY THIS APPLICATION. Please do not send a photo copy of a picture or a picture printed on copy paper. You may email a jpg image to rhondawelch@med-soc.org if it is more convenient. This picture will be used on the public page of MSSC's web based physician finder and in the MSSC annual pictorial membership roster.

I hereby apply for membership in the Medical Society of Sedgwick County and the Kansas Medical Society.

I agree that the societies may make such evaluation of my professional qualifications to be a member, as they deem necessary. I will furnish to the society all information requested of me for such purpose, and if I have completed, signed and submitted a Medical Professional Application to Medical Provider Resources, I authorize release of a photocopy of that application and supporting documentation to these societies to be utilized in evaluating my application for membership. I agree the society may use this release to request information regarding my hospital privileges. Upon becoming a member, I agree to conduct myself professionally and personally according to the AMA Principles of Medical Ethics and the bylaws of the Medical Society of Sedgwick County and the Kansas Medical Society.

I hereby release and hold harmless from any liability or loss, the Medical Society of Sedgwick County, its members, agents and employees and the Kansas Medical Society for acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications concerning my professional competence, ethical conduct, character and other qualifications for membership. This release shall not expire.

Applicant's Signature

Date

NOTE: Questions should be referred to the Executive Director, Medical Society of Sedgwick County, 1102 S Hillside, Wichita, KS 67211 or 683-7558. You can also contact our membership coordinator, Rhonda Welch, at 683-7670.

Last Amended 8/14/2020