

Membership Application



Name of Applicant: (Please Print)

Last: _____ First: _____ Middle: _____
Please check: Male Female Degree: MD DO Marital Status: M S W D
Spouse Name: _____
Residence Address: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ Medical License Number: _____ Date of Birth: _____
Personal E-mail Address: _____
Medical School/Graduation Date: _____

Practice Information: (Please Print)

Group Name: _____ Specialty: _____ Board Certification: _____
List Certifying Boards: _____
Primary Office Address: _____ City: _____ State: _____ Zip: _____
Office Phone: _____ Office Fax: _____
Cell/Beeper: _____ E-mail Address: _____
Contact: _____ Backline/After Hours Number (not published): _____
Secondary Office Address: _____ City: _____ State: _____ Zip: _____
Office Phone: _____ Office Fax: _____
Contact: _____ Email Address: _____

Consent to email: Yes No I understand that by providing my fax number and/or e-mail address and checking "yes" above, I consent to receive faxes and/or e-mails sent by the Tennessee Medical Association, Chattanooga-Hamilton County Medical Society, or on behalf of its chartered component societies.

Have you ever been convicted of a felony crime? Yes No
If yes, please attach an explanation providing full information.

Has your license to practice medicine in any jurisdiction been limited, suspended or revoked? Yes No
If yes, please attach an explanation providing full information.

Have you been the subject of disciplinary action by any Medical Society or hospital/office staff? Yes No

I hereby acknowledge that the information provided is accurate and credible. I authorize CHCMS to request and receive my credentialing information from the Tennessee Physicians' Quality Verification Organization for inclusion in the CHCMS database.

Physician Signature _____

Date _____

Please CHECK the following:

- I would like information on Project Access, a coordinated charity care program for low-income uninsured residents.
- My spouse would like additional information on becoming a member of the Medical Alliance.
- My office manager would like information on the Chattanooga Medical Group Management Association.

Office Use: Date Received _____ Category _____ Organizations _____

2017 MEDICAL SOCIETY DUES

Regular Member	Chattanooga & Hamilton County Medical Society	\$325.00
	<u>Tennessee Medical Association</u>	<u>\$510.00</u>
	TOTAL	\$835.00
1st/2nd Year Physician (after training)	Chattanooga & Hamilton County Medical Society	\$162.50
	<u>Tennessee Medical Association</u>	<u>\$255.00</u>
	TOTAL	\$417.50
Retired Physician	Chattanooga & Hamilton County Medical Society	\$50.00
	<u>Tennessee Medical Association</u>	<u>\$0.00</u>
	TOTAL	\$50.00
Suggested Contributions:	Building Maintenance Fund (for CHCMS building; add to dues check)	\$10.00
	Medical Foundation of Chattanooga (can be added to dues check)	\$50.00

Membership: Local Medical Society members are required to belong to the Tennessee Medical Association. Make your check payable to **Tennessee Medical Association** and submit with your completed application (address below).

Tax Deduction Information: Medical Association dues (except for governmental affairs expenses noted below) may be deductible as professional or business expenses for federal income tax purposes to the extent allowable by law. Please consult your tax advisor regarding deductibility. Association dues and other contributions are not deductible as charitable contributions. In 2012, 10% of CHCMS dues and 14% of TMA dues could not be deducted as a business expense.

IMPACT: Voluntary political contributions can also be made to IMPACT (Independent Medicine's Political Action Committee—Tennessee). Personal, professional or corporate contributions may all be accepted legally. IMPACT no longer acts as a collecting agent for AMPAC. All donations remain with IMPACT for Tennessee candidates running for office. Contributions to IMPACT are not deductible as charitable contributions for Federal Income Tax purposes.

Please **CHECK** Activities of Interest:

Medical Society Activities

Board of Directors - Directs the activities of the Medical Society. Monthly meetings required.

Committee on Legislation and Public Policy - Monitors legislative and regulatory issues concerning physicians, maintains contact with local, state, and federal legislators to promote influence legislation; recruits for Doctor's Day on the Hill.

Membership Committee - Reviews prospective members; develops marketing approaches and recruits members.

Grievance Committee - Evaluates complaints concerning the professional activities of member physicians and acts in accordance with the Tennessee Medical Association's Grievance procedures.

Judicial Council - Reviews and acts on matters referred by the Grievance Committee.

Delegate to the Tennessee Medical Association House of Delegates - The House of Delegates develops and approves policy that governs TMA's legislative activities. This position requires attendance at the Annual Med-Tenn meeting.

Medical Foundation of Chattanooga (501-c-3 affiliated with the Medical Society)

Board of Directors - Directs the Foundation, a 501-c-3 nonprofit organization affiliated with the Medical Society.

Project Access Operations Council - Actively coordinates the Project Access Community Health Partnership.

Physician Services, Inc. (Medical Society for-profit subsidiary)

Board of Directors - Oversees the Medical Society's for-profit subsidiary, Medical Personnel Services.

Please send your application and dues payment to:

Chattanooga-Hamilton County Medical Society
1917 East Third Street
Chattanooga, TN 37404

For more information, contact the Medical Society

423-622-2872 (phone)
423-622-7331 (fax)
www.chattmd.org