WELCOME TO COLORADO MEDICAL SOCIETY.

WE'RE GLAD YOU'RE HERE...

COLORADO MEDICAL SOCIETY

Colorado Medical Society

Application for membership

Fields marked with * are required.

First Name* | Middle Name | Last Name* | Suffix

Degree ☐ MD ☐ DO | I Identify My Gender As* | Birthdate*

Email* | Cell Phone

Practice Name* | Practice Setting (Employed or Independent)

Practice Address - Street | Ste/Unit/Apt

City | State | ZIP Code

Practice Contact Name | Practice Contact Phone | Practice Contact Email

License Number* | NPI* | Years Practicing Medicine* | Specialty

Preferred billing address ☐ Home ☐ Business | Home Address - Street

City | State | ZIP Code

Are there any judicial or regulatory actions past or pending which have affected your license to practice medicine or hospital staff privileges? * ☐ Yes ☐ No

If elected to membership, I agree to conduct myself professionally and personally according to the AMA Principles of Medical Ethics and to be governed and bound by the Constitution and Bylaws of the Society(ies) for which I am applying. Further, I hereby affirm that I have no physical, mental or emotional condition which would impair my ability to provide an acceptable standard of medical care. I understand that submission of false or fraudulent information may result in denial of membership or expulsion from the society(ies).

I hereby release, and hold harmless from any liability or loss, the Society(ies) for which I am applying, their officers, agents, employees and members, for acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release any and all individuals, organizations, and agencies or their authorized representatives from any liability concerning information provided about my professional competence, ethical conduct, character and other qualifications for membership.

I affirm the above is true and correct to the best of my knowledge. ☐ Yes ☐ No | Signature*

Return this form to the Membership Department of the Colorado Medical Society for processing: membership@cms.org. For more information, call 720.859.1001.