

# Membership Application FOR COUNTY AND STATE



7770 JEFFERSON N.E., SUITE 400  ALBUQUERQUE, NEW MEXICO 87109  PHONE (505) 828-0237

A \$200 non-refundable application fee is required with submission of this application. (\$175 Locum Tenens)

Name: (First) (Middle) (Last) MD or DO

Office Address (Street) (Suite) (City) (Zip)  
in New Mexico:

Name of Physician Group:

Home Address (Street) (Suite) (City) (Zip)  
in New Mexico:

Office Phone: Home Phone: E-Mail Address: Fax Number:

Preferred Mailing Address:  Work  Home Insured by APCapital  Yes  No

Place of Birth: Date of Birth: Social Security Number:

New Mexico License No.: Date Issued: Party Affiliation:  
 Democrat  Republican  Other:

List other states where you are licensed:

Specialty: American Board Certified: Date:

Secondary Specialty: American Board Certified: Date:

Graduated in Medical School: Address: Date:  
Medicine:

Internship: Institution: Address: Type:  
19 to 20

Residency: Institution: Address: Type:  
19 to 20

19 to 20

19 to 20

**OVER**

Post Graduate Study/Fellowships:	Institution:	Address:	Type:
			19 to 20
			19 to 20
			19 to 20

***(Attach additional pages, if necessary, to include more training information.)***

Membership in Other State and/or Specialty Societies:

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The information provided is to the best of my knowledge true and correct. Further, that the New Mexico Medical Society may obtain information from any person, board, specialty or state medical society or institution listed on this application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Bernalillo &  
Sandoval County  
(GAMA)  
Members Only**

*PLEASE ATTACH  
RECENT PHOTO  
SIGNED  
ON THE BACK*

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**FOR NMMS USE ONLY**

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No: \_\_\_\_\_

Computer: \_\_\_\_\_ BME Verification: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Rolodex Card: \_\_\_\_\_ AMA Profile: \_\_\_\_\_ Newsletter/Add List: \_\_\_\_\_

Bio: \_\_\_\_\_ Dues: \_\_\_\_\_ Agency/Other: \_\_\_\_\_