



Medical Society of Delaware

651 N BROAD ST, STE 304, MIDDLETOWN DE 19709 • PHONE (302) 366-1400 • FAX (302) 366-1354
EMAIL: MEMBERSHIP@MEDSODDEL.ORG

APPLICATION FOR MEMBERSHIP - SUPPORTING MEMBERSHIP

Supporting members of the Medical Society of Delaware are corporations or individuals, who embrace the ideals of the medical profession and the mission of this Society. Whether a corporation or individual applies for membership, the corporation or individual respectively will be considered as the “supporting member.” The qualifications of applicants shall be reviewed by the Committee on Membership with recommendation to the Executive Board. The rights and privileges of supporting membership in this Society shall be limited to the purchase of products and services through the Society’s Affinity Partner program as offered to other members in good standing of this Society. Supporting membership is conferred upon qualified candidates and can be withdrawn by the Executive Board at its sole discretion. Supporting members are required to pay an annual fee to be set by action of the Council to continue membership from year to year.

CONTACT INFORMATION

Applicant’s Full Name _____
First Middle Last (Maiden) Suffix Credentials

Health Care Profession _____

Employer _____

Email _____ Cell Phone # _____

Office Phone # _____ Office Fax # _____

Office Address _____
(MSD must have an address on file)

Home Address _____

Are you licensed professional by the State of Delaware? Yes No

If you are a licensed professional by the State of Delaware, are you a member of your state and/or national professional organization? Yes No (If “YES,” please provide organization/s name.)

If you are a licensed professional by the State of Delaware, has your license to practice in any jurisdiction been limited, suspended, or revoked within the last five (5) years, or is there a current or pending investigation?
 Yes No (If “YES,” please provide details below including dates/ attach a separate sheet if needed.)

Membership eligibility is based on good moral character, professional standing, professional conduct and high standards of ethical behavior. Membership is contingent upon complete submission of requested application information, application approval, and payment of any required dues.

If approved for membership, the organization agrees that supporting membership does not entitle the organization to use, cite, replicate or reference in any manner the name of the Medical Society of Delaware, its seal, or marketing brand in any way. By signing this application and upon approval of supporting membership in MSD and payment of any required dues, it is understood communications (via various means) may be sent from MSD as a supporting member of the organization.

Authorized Organization Representative Signature: _____

Date _____

Signing above certifies knowing, understanding, and complying with all requirements for Supporting Membership in MSD.

Annual dues for MSD Supporting Membership is \$200; pro-rated to \$100 if application is made after August 31st. Annual dues are payable at time application is submitted. A membership year is considered January 1 through December 31.

<i>(For Office Use Only)</i>	Recruitment Code: _____	Membership Classification <u>SM</u>
Annual Dues Received with application:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Check # _____
Application Acknowledgement:	____ / ____ / _____	entered into database: ____ / ____ / _____
Committee approval date:	____ / ____ / _____	Executive Board Approval date: ____ / ____ / _____
Notes:	_____	
MSD Membership approval/finalization	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Join Date: ____ / ____ / _____
Welcome Letter sent:	____ / ____ / _____	Updated SM List: ____ / ____ / _____
03/2017 Rev. 9/2017		