

Practice Administrator Profile

Member Demographics:

First name _____ M _____ Last name _____ Gender M F

Professional Degree
 RN PA JD MD DO Other _____

Number of physicians in your practice? _____

Practice Name _____

Office Address _____

City _____ State _____ Zip _____

Email _____

(____) _____ (____) _____
 Business phone Business fax

Home Address _____

City _____ State _____ Zip _____

Payment (check one)

Visa MasterCard Check (payable to Chicago Medical Society)

Card number _____

Expiration date _____ CCV Code (3 digits on back of card) _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Name on card _____

Cardholder's signature _____ Date _____

Three ways to join

1. Fax: Send your completed profile with credit card information to 312.670.3646
2. Mail: Return your completed profile and check or credit card payment to:
 Chicago Medical Society
 Attn: Membership Department
 515 N. Dearborn St.
 Chicago, IL 60654
3. On-line:
www.cmsdocs.org/membership/practice-administrator

Consent to Fax/E-mail: Yes No

Due to federal communication regulations, it is necessary for CMS to obtain signed written consent to distribute some information via fax and e-mail. Please note CMS does not sell or make available to the public its membership lists and will be providing information such as promotions, seminars and publication discounts available to members. Please sign below to receive communications via fax and e-mail.

Select your membership

- A physician at your practice IS a member of CMS/ISMS \$99
- A physician at your practice is NOT a member of CMS/ISMS \$395

Please list the name(s) of the physician(s) at your practice that is/are member(s) of CMS/ISMS
