



**Membership Application and Qualification Questions**

Members abide by the bylaws of the Society and the ISMS Code of Ethics. To assist us in upholding these standards, please provide an answer to the following question, sign and date. If you answer yes to this question, please attach a full explanation on a separate sheet of paper.

Have you ever been convicted of fraud or a felony?      *Yes*      *No*

I am aware that information submitted in this application will be verified.

I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society (ies).

The foregoing information is true and complete.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

MAIL: Membership Department Chicago Medical Society 515 N. Dearborn St. Chicago, IL 60654

EMAIL: [cms@cmsdocs.org](mailto:cms@cmsdocs.org)

FAX: 312-670-3646

Due to the new federal communication regulations, it is necessary for ISMS and CMS to obtain signed written consent to distribute some information via fax and e-mail. By Completing and Submitting this Application, you agree to receive from the association and its affiliates notices of the availability of goods or services and opportunities related to the practice of medicine. Please note ISMS or CMS do not sell or make available to the public its membership lists and will be providing the same type of promotions as in the past such as HIPAA or other CME seminars and publication discounts available to members.

**Consent to Fax/Email:**      **Yes**      **No**