



MEMBERSHIP FORM

MAIL THIS FORM AND CASH OR CHECK PAYABLE TO "GCMS" TO:
GCMS | Attn: Membership | P.O. Box 8738 | Greenville, SC | 29604

MEMBER INFORMATION

Full Name*: _____ Preferred First Name: _____

Email Address*: (Some info will ONLY be sent via email) _____

If you are a returning member and your information on file has NOT changed, please skip to MEMBERSHIP LEVELS & DUES.

Street Address*: _____ Credentials (MD, DO, etc)*: _____

City*: _____ State*: _____ Zip*: _____

Cell Phone*: _____ Employment*: Physician Retired Physician Physician-in-Training (PIT) Medical Student

If Physician, include Practice/Group Name *: _____,

Specialty/Focus of Practice*: _____, Medical License Number*: _____,

and Hospital Affiliation: Prisma Health Bon Secours AnMed Shriners Spartanburg Regional/Pelham MC Other

If PIT/Student, include Program Name*: _____, Exp Completion Date*: _____,

and if applicable, Specialty/Focus of Practice: _____, Medical License Number: _____.

If you are a New Member, please let us know who referred you to the GCMS: _____

SPOUSE INFORMATION (if applicable)

Marital Status: Single Married/Domestic Partnership Divorced Widow(er)

If married, please provide your spouse's email to share with our non-profit sister organization, Greenville County Medical Society Alliance.

Spouse's Full Name*: _____ Spouse's Email: _____

Preferred Mailing Salutation*: _____

(e.g. "Dr. & Mrs. John Smith, Jr.", "Dr. Jane & Mr. John Smith", "Drs. Jane & John Smith", "Mr. & Mrs. John Smith", etc.)

MEMBERSHIP LEVELS & DUES*

Please indicate the membership level desired and mail this application with payment. If your office makes your payment, please note below and we will contact them. Long-standing members may apply for Emeritus status upon retirement from practice via a written request to contact@greenvillemed.org. Emeritus Members are exempt from dues, however we appreciate our Full-Supporting and Partial-Supporting Emeritus members who help to offset some of our annual costs:

- \$200 Standard Physician Membership
- \$175 First-Year Physician Membership (Physician in first year of practice)
- \$200 Full-Supporting Emeritus Membership
- \$50 Partial-Supporting Emeritus Membership
- \$0 Emeritus Membership
- \$0 Physician-in-Training (PIT) or Medical Student Membership

Contact my office for payment at Office Address: _____ City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____ Phone: _____

VOLUNTEER OPPORTUNITIES AND INTERESTS

We are looking for dedicated Physicians who are interested in volunteering on our Board. We also strive to provide CME when needed, if you are interested in leading or taking a course. And we are hoping to establish a mentoring program for area Residents. If you are a Physician or Resident interested in participating in this program, please indicate your interest below. Finally, if you are a medical student or resident, we are looking for liaisons with your programs:

- Executive Committee
- Legislative Committee
- Continuing Medical Education
- Physician to Resident Mentoring
- Medical Student or Resident Program Liaison