

**Alachua County Medical Society
Resident and Fellow Physician
Membership Application**



WELCOME TO GAINESVILLE AND THE UNIVERSITY OF FLORIDA!

Congratulations on your recent graduation.

As a physician in residency/fellowship, you are invited to join our medical society and obtain member benefits (reverse) at a special dues level.

Name: _____ MD / DO
(Please Print) (Circle One)

Address: _____

City/State/Zip: _____

Phone: _____

E-mail Address: _____

Specialty: _____

As a member of the ACMS, I agree to abide by the AMA Principles of Medical Ethics and the bylaws of the Alachua County Medical Society.

Signature

Date

**Annual Dues:
\$ 45.00**

Please make checks payable to:

**Alachua County
Medical Society
235 SW 2nd Avenue
Gainesville, FL 32601-6256**

**Ph: (352) 376-0715
Fax: (352) 376-0811
Email: acmsadmin@bellsouth.net**

Credit Cards

- MasterCard VISA
 Am Express Discover

Card # _____

Expiration Date _____

Easy Application Submission Options:

- 1. Online: www.acms.net**
- 2. Email to acmsadmin@bellsouth.net**
- 3. Fax: (352) 376-0811**