

**JOIN Today...***Be a part of organized medicine and join the  
Bronx County Medical Society & the Medical Society State of NY*

**2020 - Membership Application**  
**Dues Cycle:** October 1, 2020 to September 30, 2021.

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Business Address:

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Fax Email

Medical School \_\_\_\_\_ Graduated \_\_\_\_\_ License # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Specialty \_\_\_\_\_

**Membership Classification & Dues Rates –Please check one**

- ☐ **FULL TIME ACTIVE MEMBERSHIP** - \$775
- ☐ **GROUP PRACTICE MEMBERSHIP** - \$581.25 for the first year. per physician  
All physicians in the practice need to join as a group to secure this special price
- ☐ **YOUNG PHYSICIAN** - \$210 - (Under the age of 40 or in the first 5 years of practice)  
*Increases gradually over 3 years (YP1) – Dues \$210 - (YP2) – Dues \$385 -(YP3) – Dues \$585  
(YP- if you are filing for WC rating, you need to include an additional \$500)*
- ☐ **PART TIME PHYSICIAN** - \$385 - (Working less than 20 hours per week)

(MAKE CHECK PAYABLE TO “BRONX COUNTY MEDICAL SOCIETY” OR CREDIT CARD Visa, MasterCard or AMEX) \$ \_\_\_\_\_

Card # □ □ □ □ – □ □ □ □ – □ □ □ □ – □ □ □ □

Expiration Date □ □ – □ □

\_\_\_\_\_  
Signature

**Bronx County Medical Society**

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Email: Bronxphysicians@gmail.com