



DETROIT MEDICAL SOCIETY



P.O. Box 32570
Detroit, Michigan 48232
(313) 212-4221

2022

2023

MEMBERSHIP DUES STATEMENT

January 1 - December 31

Please Check

Active Membership Dues	\$300.00	<input type="checkbox"/>
Affiliate Member (i.e. Dentist, Podiatrist, Chiropractor)	\$250.00	<input type="checkbox"/>
Associate Member (i.e. RN, Physician Assistant, Nurse Practitioner)	\$200.00	<input type="checkbox"/>
Resident/Fellow	\$30.00	<input type="checkbox"/>
Corporate Member (Corporate Business Class)	\$750.00	<input type="checkbox"/>
Emeritus <input type="checkbox"/> Student <input type="checkbox"/>		Gratis

MEMBER INFORMATION

(Please complete all member information, if your information changes please contact our administrator)

LAST, FIRST, MIDDLE NAME TITLE: i.e. MD, DO AREA OF PRACTICE AND SUB CATEGORY

(PREFERRED MAILING ADDRESS) CITY STATE ZIP CODE

ORGANIZATION NAME

IF YOU ARE A CORPORATE SPONSOR OR WORK FOR AN EMPLOYER, PLEASE PROVIDE INFO.

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CELL PHONE NUMBER ONLY NPI #

EMAIL ADDRESS

PAYMENT METHOD

CREDIT CARD INFORMATION:

VISA MASTER CARD AMERICAN EXPRESS

CREDIT CARD NUMBER

EXP DATE SECURITY CODE

BILLING ZIP CODE

Make Check Payable To: **Detroit Medical Society**
P.O. Box 32570
Detroit, MI 48232

Credit Card Transaction Fees will be charged in addition to membership fee

FOR OFFICE USE ONLY

\$

PAYMENT RECEIVED DATE

CC FEES

CC APPROVAL #

CHECK NUMBER

CASH RECEIVED

ADMINISTRATOR NAME

WHITE COPY - ADMINISTRATOR

YELLOW COPY - MEMBER
(MEMBER) Keep for your records

LOCAL SOCIETY OF THE NATIONAL MEDICAL ASSOCIATION
David Williams, MD, President LaCesha Brintley, MD, Treasurer Rhonda Lofton, Administrator