



## INFECTIOUS DISEASES SOCIETY OF NEW JERSEY

36 ELM STREET, SUITE 5, MORRISTOWN, NJ 07960

(973) 539-8888 FAX: (973) 539-9493

E-mail: [IDSOCIETYOFNJ@AOL.COM](mailto:IDSOCIETYOFNJ@AOL.COM)

### MEMBERSHIP APPLICATION

Name \_\_\_\_\_ (Exactly as on NJ Medical License)

NJ Medical License # \_\_\_\_\_ Date Issued \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Group Name – if applicable

Fax # \_\_\_\_\_

*Street*

E-mail Address \_\_\_\_\_

*City, State, Zip*

Medical Education \_\_\_\_\_ (School/Location) \_\_\_\_\_ (Degree) \_\_\_\_\_ (Year) \_\_\_\_\_ (Gender)

Specialty Areas – Primary \_\_\_\_\_

Board Certifications \_\_\_\_\_

Active Hospital Appointments \_\_\_\_\_

**Please answer the following. Attach a full explanation to any questions answered “yes”.**

Have you ever been convicted of a felony crime? Yes \_\_\_ No \_\_\_

Has your license to practice medicine in any jurisdiction ever been suspended or revoked? Yes \_\_\_ No \_\_\_

Have you ever been the subject of disciplinary action by a medical license board, Medical Society, or hospital staff? Yes \_\_\_ No \_\_\_

#### **PAYMENT METHOD**

**2017 Dues = \$60.00**

Please make check payable to: **Infectious Disease Society of New Jersey**

I hereby release, and hold harmless from any liability or loss, the Infectious Disease Society of New Jersey, their officers, agents, Employees, & members for acts performed in good faith & without malice in connection with evaluating any application & my credentials & Qualifications, & hereby release from any liability any & all individuals & organizations, who, in good faith & without malice provide information to The above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character & other Qualifications form membership. Furthermore, I attest to the accuracy of information supplied on this application & understand that falsification of any information may result in denial or revocation of membership.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: IDSNJ, 36 Elm Street, Suite 5, Morristown, NJ 07960**