

New Member Membership Form

Name:		Nickname:	
Component Society: <i>(Your local medical society is included). Please enter your County or Baltimore City here:</i>			
Email Address:			
<i>Personal email addresses are preferred. Email is the primary delivery of critical information and member benefits.</i>			
Practice Name:		Website:	
Primary Specialty:		Secondary Specialty:	

Which of the following best describes your practice setting?

- | | | | |
|------------------|----------------|----------------|-------------------|
| Solo/Small (1-5) | Medium (6-25) | Large (26-99) | Very Large (100+) |
| Academic | Administrative | Hospital-Based | Employed |

Office Manager Name/Email:			
AMA ME#:		Maryland License #:	
Date of Birth:		Gender:	Preferred Pronouns:
Primary Address: Work Home			
Street:			
City:		State:	Zip:
Secondary Address: Work Home			
Street:			
City:		State:	Zip:
Contact Information:			
Mobile (Important):		Work Phone:	
Home Phone:		Fax:	

Send any changes/updates to:

• Email: members@medchi.org • Fax: 410-547-0915 • Mail: 1211 Cathedral Street, Baltimore, MD 21201.

**Thank you for your support of MedChi, The Maryland State Medical Society.
Questions? Please contact us at 410-539-0872 or members@medchi.org.**

MedChi.org

Membership Dues Payment

MedChi, The Maryland State Medical Society
 1211 Cathedral Street, Baltimore, MD 21201
 Phone: 410-539-0872 | Fax 410-547-0915
 Email: members@MedChi.org



Your Advocate.
Your Resource.
Your Profession.

Types of Membership	Date
---------------------	------

MedChi, The Maryland State Medical Society is unified with the County Medical Societies. When you join MedChi, you also join your local medical society for a single dues amount.

Active Member (\$500/annually)

This membership is open to any M.D./D.O. living in, legally practicing in, and licensed to practice in Maryland. (For physicians in the first year of practice, dues are \$300. For physicians in their second year of practice, dues are \$400. In your third year of membership, dues will increase to \$500. *If selected, please edit the total below*).

Associate Member (\$300/annually)

This membership is open to any M.D./D.O. who is a commissioned medical officer of the Armed Forces, Public Health Service or Veterans Administration, or who is a part-time physician practicing less than 1,000 hours.

Affiliate Member - Out of State (\$205/annually)

This membership is open to any M.D./D.O. who is active in another state medical society and licensed in Maryland, former members who have moved out of state, members of the Maryland State Dental Association in the full-time private practice of dentistry, and individuals who hold academic degrees equivalent to an M.D./D.O. who are devoted full time to the study and teaching of medical sciences.

Practice Manager/Office Manager (\$75/annually)

This membership is open to any practice manager, office manager, or billing manager employed by a medical practice. It is \$75 annually provided at least one physician is a member of MedChi.

Student/Resident/Fellow Member (Complimentary while in training)

This membership is open to medical students, physician residents, and fellows training in Maryland. There is no cost to join.

Contact Amity Aldrich at aaldrich@MedChi.org if you are interested in a Group or Practice membership.

Total Amount Enclosed \$

To make a payment:

- Pay online at www.medchi.org/membership and complete the application.
- Send a secure email to members@medchi.org with your credit card information.
- Send a secure fax to 410-547-0915 with your credit card information.
- Phone the Business Office at 410-539-0872 extension 3315.
- Mail a check payable to MedChi, The Maryland State Medical Society to 1211 Cathedral Street, Baltimore, MD 21201.
- For your security, MedChi recommends that you do not submit credit payments through the mail.

Account Number:	Exp. Date:
Name on Card:	Security Code:
Billing Address:	
Authorized Card Holder Signature:	Date:
Email to Send Receipt To:	
Auto-Renew Option:	Yes No

If 'Yes' is selected, MedChi will continue your membership without interruption, unless you tell us otherwise. Thirty days prior to the end of your dues term, we will provide notice of your impending renewal, including any changes in the amount due and how you may cancel the renewal before it occurs. Before the start of your new term, we will charge your credit card at the dues rate then in effect. If we cannot charge your credit card, we will send you an invoice for your dues and/or donations. If you wish to cancel your automatic renewal, you may do so at any time by calling 410-539-0872 x3315 or emailing members@medchi.org.

*Dues payments to MedChi and component societies are not deductible as charitable contributions for federal income tax purposes. Payments of membership dues are deductible for members of a trade association under section 162 of the Internal Revenue Service as an ordinary and necessary business expense. However, certain percentages of your dues are not deductible due to MedChi's lobbying activities on your behalf. For 2024, 50% of your dues are deductible.