

## Medical Society of the County of Erie

1317 Harlem Road, Buffalo, New York 14206

(716) 852-1810

(716) 852-2930 FAX



Eugene Kalmuk, M.D.  
President

"Better Health Through Advocacy"<sup>TM</sup>  
"If Not You...Who?"<sup>TM</sup>

Christine C. Ignaszak Nadolny  
Executive Director

### APPLICATION INSTRUCTIONS

The Medical Society of the State of New York (MSSNY) is the federation of 61 county medical societies in New York State. Membership is unified, and a physician must join both the MSSNY and a county society where an office or residence is maintained. Membership in the American Medical Association (AMA) is optional, but we urge you to extend your membership to include the national arm of your federation of organized medicine.

Please read the following instructions before submitting your application:

1. Submit a single application for membership in the Erie County Medical Society, MSSNY and the AMA.
2. Provide a current copy of your New York State Department of Education Registration.
3. Please include your payment of appropriate dues with your application. (Enclosed is a dues schedule for reference only.)
4. Please attach a current identifying photograph.
5. Send the above items to: Membership Coordinator, Medical Society of the County of Erie, 1317 Harlem Road, Buffalo, NY 14206.

If you have any questions about application procedures, please contact the Erie County Medical Society at (716)852-1810.

Medical liability insurance is available through the Medical Liability Mutual Insurance Company, (MLMIC), the physician-owned company established by your State Medical Society in 1975. Full information can be obtained by contacting the company at 2 Clinton Square, Syracuse, NY 13202 (1-800-356-4056) or Gary Andelora at (716)648-5923.

Group Medical Insurance is available through the Wladis Company, full information can be obtained by contacting Janice Beard at (716)821-5900.

Insurance programs including Disability Income, Worldwide Accident Protection, Business Overhead Expense, Long Term Care, Term Life, Workers Comp Coverage, Hospital Indemnity, NYS Disability, Group Long Term Disability, and Travelers Personal Line Program are available through Charles J. Sellers and Co. Inc. Full information can be obtained by calling Toll Free 1-800-333-5440.



- APPLICATION FOR MEMBERSHIP -

**MEDICAL SOCIETY OF THE STATE OF NEW YORK  
AND THE MEDICAL SOCIETY OF THE COUNTY OF ERIE**

1317 Harlem Road • Buffalo NY 14206 • 716-852-1811

*County and state membership is unified. Physicians may join the county society where they practice or where they reside.*

Check if also applying to the AMERICAN MEDICAL ASSOCIATION (dues on reverse)

NAME \_\_\_\_\_  
Last First MI Jr./Sr.

HOME ADDRESS (H) \_\_\_\_\_  
City State Zip

HOME TEL ( ) \_\_\_\_\_ HOME FAX ( ) \_\_\_\_\_

GROUP NAME (If applicable) \_\_\_\_\_ Group manager's Email \_\_\_\_\_

OFFICE ADDRESS (O) \_\_\_\_\_

Send mail to  H  O \_\_\_\_\_  
City State Zip

OFFICE TEL ( ) \_\_\_\_\_ OFFICE FAX ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  Male  Female

MEDICAL SCHOOL \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_  MD  DO

DATE OF COMPLETION OF RESIDENCY/FELLOWSHIP \_\_\_\_\_ OTHER DEGREES \_\_\_\_\_

CHECK IF WORKING FEWER THAN 20 HOURS/WEEK  NAME OF SPOUSE \_\_\_\_\_

**CURRENT HOSPITAL AFFILIATIONS** (If none, please list any HMO affiliations and provide your CV.)

HOSPITAL/LOCATION	POSITION/SPECIALTY
_____	_____
_____	_____
_____	_____

NYS LICENSE # \_\_\_\_\_ DATE GRANTED \_\_\_\_\_ DATE ENTERED PRACTICE \_\_\_\_\_

BOARD CERTIFIED? \_\_\_\_\_ YEAR \_\_\_\_\_ SPECIALTY \_\_\_\_\_

WORKERS' COMP BOARD RATING \_\_\_\_\_ ECFMG # (If attended medical school abroad) \_\_\_\_\_

ARE YOU ACCEPTING NEW PATIENTS?  Yes  No

Yes  No Has your license to practice medicine ever been denied, suspended, revoked, or voluntarily surrendered?

Yes  No Have your privileges or employment at any health care facility or entity ever been denied, suspended, terminated, revoked or voluntarily surrendered?

Yes  No Have you ever been convicted of or pled guilty to any act that constitutes a misdemeanor or felony?

Have you ever been a member of this or any other county medical society? \_\_\_\_\_ County \_\_\_\_\_ When? \_\_\_\_\_

Is there a member we can thank for encouraging you to join? (Name) \_\_\_\_\_

**PHYSICIAN'S ATTESTATION:** "In applying for membership, I agree to comply with the bylaws, rules and regulations of the county society, the district branch, and the Medical Society of the State of New York. In providing fax and e-mail information, I give the medical societies permission to send me news updates, important legal/legislative notices, seminar invitations, advertisements and web links."

**PLEASE CHECK HERE TO INDICATE AGREEMENT**  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My dues payment is provided as indicated for ERIE COUNTY and MSSNY membership – 2011:**

- Established Physician: \$795
- Young Physician (under age 40 or in first 5 yrs. of practice): \$200\*  
\*Increases gradually over 3 years.
- Resident/Fellow: \$53
- Working Part-time (fewer than 20 hours/week): \$395

Make check payable to "Medical Society" or for credit card payment, call the Medical Society of the County of Erie at (716)852-1810 ext 102. Thank you.

**The county society may require additional information.**

1. You may also apply to the AMERICAN MEDICAL ASSOCIATION (AMA) with this application, simply by including the dues. Although it is optional, we urge you to extend your membership to the national arm of your federation of organized medicine.

*AMA Dues  
(PLEASE SEE FRONT FOR  
MSSNY/COUNTY DUES)*

**AMA Full:..... \$420**  
**AMA 2<sup>nd</sup> year practice ..... \$315**  
**AMA 1<sup>st</sup> Year Practice..... \$210**  
**AMA Resident/Fellow ..... \$ 45**

2. Please submit one dues check for the appropriate total, made payable to the **Medical Society**. If you prefer to pay by credit card, please call the Medical Society of the County of Erie at (716)852-1810 ext 104.
3. Submit your application, registration certificate and dues to: Membership Coordinator, Medical Society of the County of Erie, 1317 Harlem Rd, Buffalo, NY 14206.
4. Medical liability insurance is available through the **Medical Liability Mutual Insurance Company**, the physician-owned company established by your state medical society in 1975. Full information can be obtained by contacting the company at 2 Park Avenue, Room 2500, New York, NY 10157-0505; telephone 1-800-275-6564 (metropolitan New York) or 1-800-356-4056 (upstate).
5. Please address any questions to Medical Society of the County of Erie at:

**Medical Society of the County of Erie**  
**1317 Harlem Rd**  
**Buffalo, NY 14206**  
**716-852-1810 x 102**  
**FAX: 716-852-2930**