



Mississippi Arthritis and Rheumatism Society

MEMBERSHIP APPLICATION

ACTIVE MEMBERSHIP: \$50.00 USD

Active Membership in the Society is limited to physicians or researchers in good standing who are interested in rheumatic diseases residing or practicing in Mississippi.

ASSOCIATE MEMBERSHIP: \$25.00 USD

Associate Membership in the Society is limited to nurse practitioners, physician assistants, or other professionals interested in rheumatic diseases residing in Mississippi.

CANDIDATE MEMBERSHIP: Dues are waived

Candidate Membership in the Society is limited to residents and fellows in an accredited training program within Mississippi.

PLEASE TYPE OR PRINT CLEARLY

First Name: _____ Last Name: _____

Degrees: _____ D.O.B.: _____

Board Certification: _____ Date: _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Preferred Mailing Address: Office Home

RESIDENT/FELLOW INFORMATION

Institution Name: _____ Expected Graduation Day (mm/dd/yyyy): _____

Institution Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

PAYMENT (All payments are in U.S. dollars)

Check (payable to WJ Weiser) Visa Mastercard American Express

Card Number: _____ Expiration Date: _____ CVV: _____

Name on Card: _____

Total Payment (dues): \$ _____

Applicant's signature: _____ Date: _____

PLEASE FORWARD YOUR COMPLETED APPLICATION WITH SUPPORTING DOCUMENTS AND PAYMENT TO:

Mississippi Arthritis and Rheumatism Society
Two Woodfield Lake · 1100 E. Woodfield Road, Suite 350 · Schaumburg, IL 60173
Phone: (847) 517-7225 · Fax: (847) 517-7229