



**North Carolina Society of Gastroenterology
Application for Active Membership for MD's and DO's**

1. Instructions

A. Print or type all responses. The completed form can be returned by mail, fax or email.

By Mail: North Carolina Society of Gastroenterology
1112 Harding Place, Suite 200
Charlotte, NC 28204

By Fax: 704-376-3173 (secure line)

By Email: sbuchanan@meckmed.org

B. Attach your current curriculum vitae or updated resume.

C. List references in the space provided (Item #13).

D. Enclose check or complete credit card information for membership dues.

2. Active Membership for MD's and DO's (1 year = \$150 or 3 years = \$425) (circle choice)

Active Membership for MD's and DO's: Must have authentic medical or osteopathic licensure; be in good standing in the community and of sound moral and ethical nature and free of any felony conviction; must have board certification or fulfill the criteria for eligibility for board certification in gastroenterology.

3. Full Name _____

4. Organization _____

5. Home Address _____

Office Address _____

6. Phone _____

Phone _____

7. Fax _____

Email* _____

Cell _____

***NCSG will not share your email address with outside parties.**

8. Preferred Mailing Address _____

9. Medical or Graduate School _____

Degree _____

Graduation Date _____

10. Residency _____

Subject _____ Start Date _____ End Date _____

