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the Nashville Academy of Medicine and the Medical Foundation of Nashville.***

I am a MEMBER of the Nashville Academy of Medicine.

(Check here, fill out your name in Part A and skip to Part C on this form for \$100 donation for attending physicians or \$50 for residents and fellows.)

I am NOT A MEMBER of the Nashville Academy of Medicine.

(Check here, complete each section, and complete Part C with a \$200 donation.)

A: PERSONAL DATA

First: _____ Middle: _____ Last: _____

MD DO

Male Female Birth Date: _____ Last 4 of SS#: _____

TN Medical License #: _____ Date of Issue: _____

Marital Status: Single Married Maiden Name: _____

Spouse's Name: _____

B: COMMUNICATIONS / PRACTICE INFORMATION (Please check the preferred address for correspondence)

Primary Office _____

Home _____

Practice/Group Name: _____

Email: _____ Home Phone: _____

Office Phone: _____ Mobile Phone: _____

Office Fax: _____ Specialty/ Subspecialty: _____

C: PAYMENT INFORMATION

Please check one: Visa MasterCard American Express Enclosed Check

Total \$ _____ Expiration Date _____ / _____ 3 Digit Security Code _____

CC# _____ - _____ - _____

Personal _____ Signature: _____

Name as it appears on credit card

Corporate Name: (if applicable) _____

To pay online, please visit www.nashvillemedicine.org/foundation and use the Donate button to enter your payment. If you prefer to mail a check, please write it to the Medical Foundation of Nashville, enclose this form, and send to:

Medical Foundation of Nashville, 3301 West End Ave, Ste 100, Nashville, TN 37203