



Intern / Resident / Fellow Membership Application

This application is for membership in the Tennessee Medical Association and the Nashville Academy of Medicine

There is **no cost** for Intern, Resident, or Fellow membership either in the County Medical Society or the State Medical Association.

PERSONAL DATA

First: _____ Middle: _____ Last: _____

MD DO

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

TN Medical License #: _____ (if you do not yet have one, leave blank.) NPI #: _____

Marital Status: Single Married Maiden Name: _____

Spouse's Name: _____

ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for correspondence)

Primary Office Street/PO Box _____

City/State/Zip _____

Home Street/PO Box _____

City/State/Zip _____

Practice/Group Name: _____

Email: _____ Check here if you prefer e-mail communication

Office Phone: _____

Consent to Email: YES NO

Cell Phone: _____

I understand that by providing my email address and checking "yes" above, I consent to receive emails sent by the Tennessee Medical Association or the Nashville Academy of Medicine.

MEDICAL TRAINING

Specialty: _____ Subspecialty: _____

Board Certification(s): _____ (if not yet Board certified, leave blank)

Boards and Dates

Residency

Fellowship _____

Name of Institution, Location, Specialty, Degree

Residency

Fellowship _____

Name of Institution, Location, Specialty, Degree

Medical School _____

Name of Institution, Location, Graduation Date, Degree

Signature of Applicant _____

Date _____

Please remit your completed application to:
The Nashville Academy of Medicine
28 White Bridge Road, Suite 400 • Nashville, TN 37205
615-712-6236 phone • **615-712-6247** facsimile
jmiller@nashvillemedicine.org