North Carolina Medical Society
Established 1849
Leadership in Medicine

NCMS Membership Verification Form

For an Employer to be eligible to participate in the North Carolina Medical Society (NCMS) Employee Benefit Plan, 100% of the practicing physicians owning or employed by the Employer must be members in good standing of the NCMS. All practices must complete this membership verification form as part of their renewal process. Membership will be verified by the NCMS.

_____

(Please type or print name)

Employer Name:_____

Employer Address:_____

Contact Person:_____

Telephone Number:_____ **Fax Number:**_____

_____

Please provide the following information for all practicing physicians or attach listing.

Last Name	First Name	MI	Suffix (Jr., MD, DO, etc)	License number

revised 1/12 jd