North Carolina Medical Society
Established 1849
Leadership in Medicine

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 or submit the information via an Excel spreadsheet as part of the enrollment or renewal process. Membership will be verified by the NCMS.

Employer Name:_____

Employer Address:_____

Contact Person:_____

Telephone Number:_____ Email:_____

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

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

revised 10/1/18 jdj