



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
nringenberg@nashvillemedicine.org