

Minneapolis Society of Internal Medicine

Application for Membership

I wish to apply for membership to the Minneapolis Society of Internal Medicine as a:

- General Member (\$175 annual dues)
- Resident Member (\$100 annual dues)
- Medical Student Member (\$75 annual dues)

Name DOB

Office Address

City State Zip

Office phone Office fax Office e-mail address

Home Address

City State Zip

Home phone Home fax Home e-mail address

Medical School Graduation date

Postgraduate Training – Institution Dates

Postgraduate Training – Institution Dates

Current Position

Specialty Subspecialty

Certified by American Board of Internal Medicine: Yes No _____
Date

Signature of Applicant Date

Please enclose the annual membership fee (\$175/\$100/\$75) with your application which covers the three dinners at the Minikahda Club. Please make check payable to **Minneapolis Society of Internal Medicine**. Mail application and check to: **Linda Vukelich, MSIM, 2233 Hamline Avenue North, #217, Roseville MN 55113**