



The North Carolina Integrative Medical Society
PO Box 6472, Raleigh, NC 27628; ph. 919-833-5092 www.ncims.com

MEDICAL PRACTITIONER MEMBERSHIP APPLICATION - Circle whether membership is a renewal? YES NO
NCIMS membership is confidential, do you want your name given to patients looking for integrative physicians in your area? YES NO

NAME & DEGREES: _____

EMAIL: _____ COUNTY _____

PRACTICE OR COPORATE NAME & OFFICE ADDRESS: _____

BUS. PHONE: _____ OFFICE FAX: _____

CELL PHONE _____ HOME PHONE: _____ WEBSITE: _____

HOME ADDRESS: _____

UNDERGRADUATE TRAINING: _____

GRADUATE TRAINING: _____ YEAR/DEGREE _____

_____ YEAR/DEGREE _____

POSTGRADUATE (SPECIALTY): _____

_____ BOARD CERTIFIED? _____

STATES IN WHICH YOU HOLD LICENSES & LICENSE #: _____

PROFESSIONAL SOCIETIES: _____

SERVICES/SPECIALITES INCLUDED IN YOUR PRACTICE: _____

Dues	Membership Dues	Please circle Membership
Medical Director of Integrative Medical Clinic		\$1000
Pharmacy		500
Doctor - MD, DO, DC, DDS, D of Lac, ND, PhD		200
PA/NP, Lac, physical therapists, dietician, masters' degree health professional		150
Nurses, massage therapists		125

Dues may be deductible as an ordinary and necessary business expense, not charitable contribution, for income tax purposes. Accompanying your application, please remit your check in the selected amount payable to NCIMS and mail to: NCIMS, at the above address.

AGREEMENT

I hereby apply for membership in the North Carolina Integrative Medical Society and agree to abide by its bylaws and objectives. I give NCIMS permission to contact medical schools and other references/entities for purposes of verifying information in this application.

Signature: _____ Date: _____