



SMOKY MOUNTAIN MEDICAL SOCIETY

Cherokee, Clay, Graham,
Haywood, Jackson, Macon & Swain Counties

MEMBERSHIP APPLICATION

Annual Dues: \$75

Membership: Physicians, Physician Assistants and Nurse Practitioners who live and/or practice in the counties of Cherokee, Clay, Graham, Haywood, Jackson, Macon & Swain.

Name: _____

Specialty _____ Date of Birth: _____

How many years in practice? _____ Retired? _____

County that you practice? _____ Are you a NCMS member? _____

Home Address: _____

City _____ State _____ Zip _____

Practice Name: _____

Office/Alternate Address: _____

City _____ State _____ Zip _____

Telephone number: () _____ - _____

Email Address: _____

Spouse/Partner Name: _____

Signature _____ Date: _____

I hereby apply for membership in the Smoky Mountain Medical Society and agree to abide by and be subject to the terms and conditions of the Constitution and Bylaws of the Smoky Mountain Medical Society.

Copies of the Constitution and Bylaws are available upon request or viewable on our website

www.mysmms.org. MEMBERSHIP DUES: Active membership becomes effective when yearly dues of \$75 have been paid to the Smoky Mountain Medical Society. Renewals will be due the following year of the month that you join.

Credit card payments will be accepted online at www.mysmms.org by following link to the NCMS website, by requesting an invoice or in person at our next meeting. This form can be emailed to Nancy Robinson at sha@shalc.net. Or send this form with check payable to Smoky Mountain Medical Society

900 Hendersonville Rd, Suite 311, Asheville, NC 28803

Call (828)277-9706 or email sha@shalc.net for additional information or to receive an invoice.