

# Membership Application – PRINTABLE FORM

Return this application along with dues payment to:

Utah Medical Association, Mbrshp: 310 E 4500 S Ste 500, Salt Lake City, UT 84107.4250

Questions? call 801.747.3500 x225, fax 801.747.3501, email [uma@utahmed.org](mailto:uma@utahmed.org)



# UMA

**\*ASTERISK = REQUIRED**

1. Personal Information – <i>NOT DISCLOSED WITHOUT APPLICANT'S CONSENT</i>			
<b>*EMAIL</b>		<b>*cell ph:</b>	home ph:
Applicant Name	*first/middle/last:		maiden:
<b>*Birth/Sex</b>	<b>*dob:</b>	City/state of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Training	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> other- specify _____		<input type="checkbox"/> Resident / Fellow <input type="checkbox"/> Student
Home Address		c/s/z:	
Spouse	first/middle/last:	cell:	email:

2. Professional Practice Information	
Specialty	subspc:
Practice/Clinic	
Office Address	c/s/z:
Office Phone	fax:
Preferred Contact	<b>MAIL:</b> <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> none <b>DOCBOOK:</b> <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> none <b>INVOICE:</b> <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> billing
Language (not EN)	hosps w/active prvl:
DOPL License #	board cert spec/yr:

Practice Manager	name / title:
Billing Address	*email: _____ manager phone: _____

3. Medical Education	Facility or Organization	City	State	From Yr / To Yr
Med School				
Internship				
Residency 1				
Residency 2				
Fellowship				

4. *Membership Qualification Questions – check applicable responses. If “Yes” to questions 1 - 3, attach full information.	
YES <input type="checkbox"/> NO <input type="checkbox"/>	1. Have you ever been convicted of fraud or felony?
YES <input type="checkbox"/> NO <input type="checkbox"/>	2. Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine or prescribe controlled substances? This includes actions involving revocation, suspension, limitation, probation, or any other imposed sanctions or conditions?
YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?
YES <input type="checkbox"/> NO <input type="checkbox"/>	I have read and agree to abide by the AMA Principles of Medical Ethics (2008 / 2009 Edition), the UMA Economic Code of Medical Ethics for Utah Physicians (Principles and Code can be found at <a href="http://www.utahmed.org/docs/principi.pdf">www.utahmed.org/docs/principi.pdf</a> ), and the Bylaws of the Utah Medical Association and your county society, if your application for membership is accepted (Bylaws can be found at <a href="http://www.utahmed.org/docs/bylaws.pdf">www.utahmed.org/docs/bylaws.pdf</a> .)

BY SUBMITTING THIS APPLICATION, YOU HEREBY:

- 1) Release, and hold harmless from any liability or loss, your county medical society and the Utah Medical Association, their officers, agents, employees, and members for acts performed in good faith and hereby release from any liability any and all individuals and organizations, or to their representatives, concerning your professional competence, ethical conduct, character and other qualifications for membership; and
- 2) accept that conviction for fraud or a felony, any licensure actions, or any disciplinary action taken by a hospital staff or medical society, after appropriate notice and hearing, may result in censure, suspension, or expulsion from membership in the Utah Medical Association and county medical society. The federal government requires professional societies to report actions that adversely affect membership, including denial of membership, to the National Practitioner Data Bank; and
- 3) consent to receive communications sent by or in behalf of the Utah Medical Association or your county medical society via email, regular mail, telephone, or fax.

5. APPLICANT signature:	date:
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## Dues Worksheet

Check the categories appropriate to your current practice status in Sections A and B; add together for total. NOTE 1: Membership in the **Utah Medical Association requires membership in the County Medical Society** in which you reside or practice.

NOTE 2: **Call UMA for possible pro-rated dues rates.**

A. **REQUIRED:** Utah Medical Association Dues (see NOTE 2 above)

- \$485  Full member (20+ hours per week)
- \$243  Part-time practice (<20 hours per week)
- \$340  1st time mbr OR 1st yr in practice
- \$243  Full-time military (not deployed)
- \$412  Associate member (former member out of state)
- \$363  Affiliate discount (mid-level non-physicians)
- \$60  Retired (no longer earning an income)
- \$0  Resident- U UT (Intern/Transition yr) (Paid by U UT)
- \$15  Resident (Intern/Transition yr) (Non U UT Program)
- \$0  Resident- U UT (2<sup>nd</sup> yr thru fellowship) (Paid by U UT)
- \$60  Resident (2<sup>nd</sup> yr thru fellowship) (Non U UT Program)
- \$10  Medical School

\$UMA dues

B. **REQUIRED:** County Medical Society (CMS) Dues (see NOTE 2 above)

- \$0  Box Elder (inactive)
- \$35  Cache Valley (includes Rich County)
- \$0  Carbon-Emery counties
- \$0  Central Utah (includes Piute, western Sanpete, Sevier, and Wayne counties)
- \$130  Davis- Full
- \$50  Davis- Retired active
- \$0  Iron (includes Beaver, Garfield, and Iron counties) (inactive)
- \$145  Salt Lake- Full
- \$73  Salt Lake- Part-time practice (20 or less per week)
- \$29  Salt Lake- Retired <65 y/o
- \$0  Skyline (eastern Sanpete county)
- \$0  Southeastern (includes Grand and San Juan counties) (inactive)
- \$50  Summit-Wasatch counties
- \$0  Tooele (inactive)
- \$0  Uintah Basin (includes Daggett, Duchesne, and Uintah counties) (inactive)
- \$100  Utah (includes Juab, Millard, and Utah counties)
- \$125  Washington (includes Kane county)- Full dues
- \$63  Washington (includes Kane county)- Part-time Practice
- \$50  Washington (includes Kane county)- Retired-active
- \$150  Weber- Full
- \$75 / \$75  Weber- Part-time Practice / Weber- Retired-active

\$CMS dues

\$TOTAL dues

## UMA House of Delegates Representation

Check 1 from **SPECIALTY SOCIETY** and **MODE OF PRACTICE** that best apply to you.

currently Chartered <b>SPECIALTY SOCIETIES</b>		
<input type="checkbox"/>	MS/RES-FEL	Academic: Medical Student / Resident-Fellow Sections
<input type="checkbox"/>	RET	Retired – no longer earning an income
<input type="checkbox"/>	AN	Utah Society of Anesthesiology
<input type="checkbox"/>	D	Utah Society of Dermatologic Medicine & Surgery
<input type="checkbox"/>	EM	American College of Emergency Medicine, Utah Chap
<input type="checkbox"/>	FP	Utah Academy of Family Physicians
<input type="checkbox"/>	GS	American College of Surgeons, Utah Chap
<input type="checkbox"/>	IM	American College of Physicians, Utah Chap
<input type="checkbox"/>	OBG	American College of OB/Gyn, Utah Section
<input type="checkbox"/>	ONC	SUMO – Society of Utah Medical Oncologists
<input type="checkbox"/>	OPH	Utah Ophthalmology Society
<input type="checkbox"/>	ORS	Utah Orthopedic Society
<input type="checkbox"/>	OTO	Utah State Society of Otolaryngology
<input type="checkbox"/>	P	Utah Psychiatric Association
<input type="checkbox"/>	PD	American Academy of Pediatrics, Utah Chap
<input type="checkbox"/>	PS	Utah State Plastic Surgery Society
<input type="checkbox"/>	PTH	Utah Society of Pathologists
<input type="checkbox"/>	RD	Utah State Radiology Society
<input type="checkbox"/>	U	Utah Urological Society
<input type="checkbox"/>	NONE	None of the above

Qualified <b>MODE OF PRACTICE</b>	
<input type="checkbox"/>	Academic: Medical Student / Resident-Fellow Sections
<input type="checkbox"/>	EPIC– Emergency Physicians Integrated Care
<input type="checkbox"/>	Granger Medical Clinic
<input type="checkbox"/>	Intrmtn: Cache Valley
<input type="checkbox"/>	Intrmtn: Central Rural
<input type="checkbox"/>	Intrmtn: Central Salt Lake
<input type="checkbox"/>	Intrmtn: Central Utah
<input type="checkbox"/>	Intrmtn: North Salt Lake / South Davis
<input type="checkbox"/>	Intrmtn: South Salt Lake
<input type="checkbox"/>	Intrmtn: Southwest Utah
<input type="checkbox"/>	Intrmtn: Utah Valley
<input type="checkbox"/>	Intrmtn: Weber / North Davis
<input type="checkbox"/>	Mountain Medical Physician Specialists
<input type="checkbox"/>	Mountain West Anesthesia
<input type="checkbox"/>	Ogden Clinic
<input type="checkbox"/>	Pediatric Anesthesiologists Inc
<input type="checkbox"/>	Tanner Clinic
<input type="checkbox"/>	UEP– Utah Emergency Physicians
<input type="checkbox"/>	University of Utah Department of Anesthesiology
<input type="checkbox"/>	OTHER: Solo / Retired / Not Listed Above

Pay online at: [bit.ly/payUMA](http://bit.ly/payUMA) or use Credit Card Payment Information below

Applicant name:

Amount authorized: \$

### Credit Card Payment Information

Card:  VISA  MC  AMEX  NOVUS (disc)

Card number:

Expiration date:

Sec Code:

Name as it appears on card:

card type:  personal  corporate

Contact Phone (if trouble with card):

Email receipt to:

UMA use only:

date received:

p2

c3