

YALE-NEW HAVEN HOSPITAL
INTERN / RESIDENT / FELLOW PHYSICIAN APPLICATION



Connecticut State Medical Society



New Haven County Medical Association

Thank you for your interest in joining the Connecticut State Medical Society (CSMS) and the New Haven County Medical Association (NHCMA). Even if you already belong to the American Medical Association (AMA), you still may join CSMS and NHCMA to complement your existing membership.

Due to the unique membership arrangement with YNHH, **you will not incur any personal expense** to become a member of CSMS/NHCMA. Resident members receive the same publications, membership benefits, and voting representation as do our attending physician members.

Date of application: _____ NPI#: _____ Gender ___ F ___ M

Name: _____

DOB: _____

Mailing Address: _____

Telephone: _____ Preferred Email: _____

Mobile phone number (or pager): _____

Residency Start Date: _____ Expected Completion Date: _____

Residency Location: _____ Specialty: _____

Undergraduate School: _____ Degree: _____ Year: _____

Medical School: _____ Degree: _____ Year: _____

Location of Medical School (City, State, Country): _____

SIGNATURE: _____

DATE: _____

Please send the completed application to:

Connecticut State Medical Society
127 Washington Avenue, East Bldg., 3rd Floor
North Haven, CT 06473
Email: membership@csms.org
Fax: (203) 865-4997 Attn: Membership