



## PERSONAL INFORMATION

		Degree	Birthplace	Date of Birth	Gender
				/ /	
Last Name (as shown on medical license)	First Name	Middle Name	MD/DO	mm / dd / yy	M/F
Home Address		City	State	Zip Code	
Telephone	Fax	Email Address	Marital Status	Spouse's Name	

## PROFESSIONAL PRACTICE INFORMATION (IF APPLICABLE)

Louisiana License Number		Other State Licenses	Preferred Mailing Address <input type="checkbox"/> Office <input type="checkbox"/> Home		
Practice Name or Group (If Applicable)		Primary Specialty	Subspecialty		
Primary Practice Address		City	State	Zip Code	
Telephone	Fax	Email Address	Website		

## EDUCATIONAL INFORMATION

			From	To
Undergraduate College	Degree	Address, City, State, Zip	Month/Year	Month/Year
Medical School		Address, City, State, Zip	Month/Year	Month/Year
Internship (Hospital)	Specialty	Address, City, State, Zip	Month/Year	Month/Year
Residency (Hospital)	Specialty	Address, City, State, Zip	Month/Year	Month/Year
Fellowship	Specialty	Address, City, State, Zip	Month/Year	Month/Year

## MEMBERSHIP APPLICATION AND QUALIFICATION QUESTIONS

Members abide by the bylaws of the Medical Association of Southeast Louisiana and the parish medical society I choose to join. To assist us in upholding these standards, please provide answers to the following questions, sign and date. If you answer yes to any of these questions, please attach full information.

Yes No

- Have you ever been convicted of fraud or a felony?
- Has any action, in any jurisdiction, ever been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation, or any imposed sanctions or conditions.
- Have you ever been the subject of any disciplinary action by any medical society or hospital medical staff?

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

I understand that any false or misleading statement made on my application may be grounds for denial of membership or probation or censure by, or suspension or expulsion from the medical society. The foregoing information is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT

- Active Member ..... \$300.00
- Associate Member (Part-time Practice, Public Health, Military, Academic, or Administration)...\$200.00
- Students/Residents ....Free

Make check payable to MASELA.  
Mail to: **Medical Association of Southeast Louisiana**  
4937 Hearst Street, Suite 2B  
Metairie, LA 70001.

If qualified, physicians may become a member of an affiliated parish society when joining MASELA at no additional cost. Check here if you would like to join:

- Jefferson Parish Medical Society
- Orleans Parish Medical Society
- MASELA Only/Direct Member