



Richmond Academy of Medicine Inc. ♦ Membership Application

2201 West Broad Street, Suite 205 • Richmond, VA 23220
Phone (804) 643-6631 • Fax (804) 788-9987

Active Member _____ Associate Member _____ Life Member _____ Courtesy Member _____
Non-Resident Member _____ Medical Student Member _____

Name: _____ Preferred name: _____
Last First Middle

VA Medical License #: _____ Group name: _____

Office address: _____

Phone: _____ Fax: _____

Specialty: _____ Board certified? Y__ N__ Board eligible? Y__ N__

Sub-specialty: _____ Board certified? Y__ N__ Board eligible? Y__ N__

Office manager: _____

E-mail address: _____ Birth date: ____/____/____ Sex: M__ F__

Please indicate the member (if any) who contacted you regarding membership: _____

EDUCATION

Undergraduate college: _____ yr. graduated: _____ location: _____

Medical school: _____ yr. graduated: _____ location: _____

Internship: _____ dates: _____ location: _____

Residency: _____ dates: _____ location: _____

Fellowship: _____ dates: _____ location: _____

Teaching appointments: _____

Foreign languages spoken: _____

PERSONAL

(The information below will not be available to the public).

Home address : _____ Zip code: _____

Phone: _____ Name of spouse: _____

Please include a current photo with your application if you do not use C CVS services.

I agree to be governed by the Bylaws of the Richmond Academy of Medicine.

Signature of applicant

Dues Structure:

Active Member - \$350.00 Courtesy Member - \$30.00
Associate Member - \$350.00 Non-Resident Member - \$50.00
Life Member - \$50.00 Medical Student - \$20.00

Please send completed application and payment to: Richmond Academy of Medicine, 2201 West Broad Street, Suite 205, Richmond, VA 23220.

Dues are 100% tax deductible. Questions? Call 643-6631.