

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., 3<sup>rd</sup> Floor  
North Haven, CT 06473  
Email: [membership@csms.org](mailto:membership@csms.org)  
Fax: (203) 865-4997 Attn: Membership