



MORGAGNI MEDICAL SOCIETY, INC.

Morgagnimedicalsociety.com

APPLICATION FOR MEMBERSHIP

Membership Type: (Please check one)

<u>Regular</u>	<u>Associate</u>	<u>Resident</u>	<u>Student</u>
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Date:

Name	Medical Degree(s)
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Home Address	City	State	Zip Code	Telephone No.
Office Address	City	State	Zip Code	Telephone / Fax No.

Preferred mailing address? Office ___ Home ___ E-Mail Address: _____

Date of Birth	Medical License No.	State	Specialty
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Medical School	Degree/Year
Residency	Year Completed
Fellowship	Year Completed

Hospital Affiliations:

Medical Societies:

Are you of Italian origin or descent (by birth, mother, father, grandfather, etc.)? _____

This application must be signed by the applicant.
Endorsement by two members in good standing may occur after submission.

Applicant's Signature: _____

Endorsed by: (Please Print)	Member's Signature
Seconded by: (Please Print)	Member's Signature

Date Approved: _____

Please return **Completed Application,**
Current CV, and annual dues
payment of \$300 to:

Christina A. Del Pin MD
15 East Putnam Ave.#201
Greenwich,CT 06830
(203)869-1045
Morgagni.society@gmail.com

There are five categories of membership in the Morgagni Medical Society:

1. REGULAR MEMBERSHIP:

- A. Must be graduates of medicine of Italian origin or descent.
- B. May vote in elections and upon any question before the Society.
- C. Are eligible for nomination, election or appointment to any office or official position.
- D. Pay dues and enjoy all the benefits and privileges of membership.

2. ASSOCIATE MEMBERSHIP:

- A. Are graduates of medicine not of Italian origin or descent.
- B. Limited to 25% of the total membership of the Society.
- C. They may vote in elections and upon any question before the Society.
- D. Pay dues and enjoy all the benefits and privileges of membership.

3. RESIDENT MEMBERSHIP:

- A. Must be graduates of medicine of Italian origin or descent who are in post doctoral training in an accredited medical institution.
- B. Have the full right of debate but may not vote in elections and upon any question before the Society.
- C. Pay no dues and may attend dinner meetings at the prevailing guest fee charge.

4. STUDENT MEMBERSHIP:

- A. Must be enrolled in an accredited medical institution and of Italian origin or descent who are in good academic standing..
- B. Have the full right of debate but may not vote in elections and upon any question before the Society.
- C. Pay no dues and may attend dinner meetings at the prevailing guest fee charge.

5. HONORARY MEMBERSHIP:

- A. May be bestowed on any member of the medical profession by a 2/3 vote of the Board of Directors of the Society.
- B. Have the full right of debate but may not vote in elections and upon any question before the Society.
- C. Pay no dues and may attend dinner meetings at the prevailing guest fee charge.

6. EMERITUS MEMBERSHIP:

- A. Any Regular or Associate member of the Society may become an Emeritus member provided that they have been a member for at least 5 years and have either reached the age of 70 or have retired from the active practice of medicine.
- B. Have the full right of debate but may not vote in elections and upon any question before the Society.
- C. Pay no dues and may attend dinner meetings at the prevailing guest fee charge.

All applicants must be endorsed by two members (Regular or Associate) in good standing.