

SUFFOLK COUNTY MEDICAL SOCIETY
 1767-14 Veterans Memorial Highway
 Islandia, NY 11749
 631-851-1400

STATE & COUNTY DUES AND FEES - 2009 MEMBERSHIP

	FULL DUES	*YOUNG PHYSICIAN	RESIDENT/ FELLOW
COUNTY	400	100	40
STATE	460	100	25
FEES— STATE	10		
TOTAL	870	200	65

****DUES REDUCTION PILOT PROGRAM FOR YOUNG PHYSICIANS (Under 40 years of age or in practice less than five years). This is based on dues remaining at \$400 for County and \$460 for State. The formula is \$100 for first year, 50% of County & State for second year and 75% of County & State for third year. Full dues payment for the fourth year.***

1. You may also apply to the AMERICAN MEDICAL ASSOCIATION with this application, simply by including the dues. Although it is optional, we urge you to extend your membership to the national arm of your federation of organized medicine.

	FULL DUES	2ND YEAR PRACTICE	1ST YEAR PRACTICE	RESIDENT/ FELLOW
AMA	420	315	210	45

2. Please submit one dues check for the appropriate total, made payable to the Suffolk County Medical Society. Please include a copy of your license, registration and proof of board certification. Submit your application, registration and dues in the envelope provided addressed to the county medical society. We would also like a copy of your curriculum vitae.
3. Medical liability insurance is available through the **Medical Liability Mutual Insurance Company**, the physician-owned company established by your state medical society in 1975. Full information can be obtained by contacting the company at 2 Park Avenue, Room 2500, New York, NY 10157-0505; telephone 1-800-275-6564 (metropolitan New York) or 1-800-356-4056 (upstate).

Please address any questions to the SCMS Division of Membership: Donna DelVecchio at 631-851-1400.