



**MEDICAL TRAINING**

Premed \_\_\_\_\_ Started \_\_\_\_\_  
 (name of college or university)  
 \_\_\_\_\_ Completed \_\_\_\_\_  
 (address)  
 Degree Conferred \_\_\_\_\_

Medical School \_\_\_\_\_ Started \_\_\_\_\_  
 (name of school)  
 \_\_\_\_\_ Completed \_\_\_\_\_  
 (address)  
 Degree Conferred \_\_\_\_\_

Internship \_\_\_\_\_ Started \_\_\_\_\_  
 (name of hospital)  
 \_\_\_\_\_ Completed \_\_\_\_\_  
 (address)

Residency \_\_\_\_\_ Started \_\_\_\_\_  
 (name of hospital)  
 \_\_\_\_\_ Completed \_\_\_\_\_  
 (address)  
 \_\_\_\_\_  
 (subject)

Residency \_\_\_\_\_ Started \_\_\_\_\_  
 (name of hospital)  
 \_\_\_\_\_ Completed \_\_\_\_\_  
 (address)  
 \_\_\_\_\_  
 (subject)

I, the undersigned applicant, certify that I have read the Constitution and Bylaws of the Whatcom County Medical Society, and the Constitution and Bylaws of the Washington State Medical Association, and the Principles of Medical Ethics of the American Medical Association, and agree, in case of my election, that my membership in the Society shall be conditional upon by continued compliance with such Constitutions, Bylaws and Principles. I further agree that I will recognize and abide by the interpretation thereof by the authorized officers of the Society and Association, reserving my rights of appeal as set forth in the Constitution and Bylaws of this Society.

Recommended by (2 signatrues required):

Submitted by:

\_\_\_\_\_  
(Signature of current WCMS member)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Return completed application to: Whatcom County Medical Society 202 E. Holly Street, #219 Bellingham, WA 98225
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(Signature of current WCMS member)

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