



Membership Information Checklist

To ensure speedy processing of your application for VCMS membership, please make certain that the following items are included with your membership application form:

- VCMS membership application form
- The VCMS application fee; \$100
- Signed authorization form granting permission to release confidential information
- A copy of your Florida license
- Your social security number
- A copy of your medical/osteopathic degree
- A copy of any letters confirming completion of internships, residencies, and fellowships
- A copy of any letters confirming your board certification
- A copy of your Curriculum Vitae (optional)
- A recent head-and-shoulders portrait

If you are transferring membership from another county medical society, a letter of transfer from the original county society that states your dues status.

If you are a resident, please have your program director or department chairman address a letter to the VCMS confirming your status in your residency or fellowship program.

MAIL TO: Volusia County Medical Society
P.O. Box 9595
Daytona Beach FL 32120-9595

OR EMAIL TO: docs420@aol.com

Please allow eight to ten weeks to process your application. You will be notified of your status immediately following the VCMS Executive Committee's review of your application.

Questions?

Please call the VCMS office at 386/255-3321 or 386/254-4105, or you can e-mail us at docs420@aol.com.