



# Nassau Physicians' Foundation

A Not-for-Profit Organization providing Health Education for the Community  
& sponsoring Fundraising Events for Medical Research

## MEMBERSHIP APPLICATION

### PHYSICIAN INFORMATION

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Medical specialty: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### HOME ADDRESS

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### OFFICE ADDRESS

Name of practice: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Position: \_\_\_\_\_  
Contact Name of Office Manager/Personal Assistant: \_\_\_\_\_  
Practice Type: \_\_\_\_\_  
 Private solo  Private group  Academia  Administration  Research  
 Other \_\_\_\_\_

Preferred Mailing Address:  Home  Office  \*E-mail: \_\_\_\_\_

\*Please note that mailings will be sent to your e-mail address only.

### EDUCATIONAL BACKGROUND

Undergraduate School: \_\_\_\_\_  
Year graduated: \_\_\_\_\_  
Medical School: \_\_\_\_\_  
Year graduated: \_\_\_\_\_

**EDUCATIONAL BACKGROUND (CONT.)**

Internship: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Dates: \_\_\_\_\_

Residency: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Dates: \_\_\_\_\_

Fellowship: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Dates: \_\_\_\_\_

License State(s): \_\_\_\_\_  
Specialty: \_\_\_\_\_

Please check applicable category:  Board Eligible  Board Certified

Professional organizations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Interests:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would be interested in working on the following committees:  
 Programming  Special community service projects  Fundraising  
 Recruitment  Newsletter contributor

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Month Day Year

Please remit your completed application to:  
NPF  
PO Box 756  
Manhasset, NY 11030