



Kentuckiana Rheumatology Alliance

Membership Application

Two Woodfield Lake
1100 E Woodfield Road, Suite 350, Schaumburg, IL 60173
Phone: (847) 517-7225, Fax: (847) 517-7229
Email: info@kyrheumatologyalliance.org

PLEASE TYPE OR PRINT CLEARLY

ACTIVE MEMBERSHIP: \$50.00 USD

Active Membership in the Society is limited to any physician in Kentucky or surrounding state(s) engaged directly or indirectly in the delivery of Rheumatology services, or allied, thereto.

CANDIDATE MEMBERSHIP: Dues are waived

Candidate Membership in the Society is limited to Residents and Fellows in an accredited training program within or around Kentucky

First Name: _____ Last Name: _____ Degree(s): _____

Practice Name: _____ D.O.B: _____

Practice Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Resident/ Fellow information

Institution Name: _____

Institution Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Expected Graduation Date: ___ / ___ / ____ (mm/dd/yyyy)

PAYMENT (All payments are in U.S. dollars)

Check Enclosed Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____

TOTAL PAYMENT (Dues) = _____

Applicant's Signature: _____ Date: _____

PLEASE FORWARD YOUR COMPLETED APPLICATION WITH PAYMENT TO:

Kentuckiana Rheumatology Alliance ·
Two Woodfield Lake · 1100 E Woodfield Road, Suite 350 ·
Schaumburg, IL 60173 Phone: (847) 517-7225 · Fax: (847) 517-7229 ·