

SOUTHERN CALIFORNIA RHEUMATOLOGY SOCIETY

Membership Criteria

Membership in this Society shall be limited to doctors of medicine (MDs) and doctors of philosophy (PhDs). Membership categories include: member and emeritus member.

Qualifications for Membership

A. Membership

1. Successful completion of an accredited (if applicable), or University-affiliated Rheumatology Fellowship program, adult or pediatric, OR
2. Successful completion of a Fellowship in Reconstructive Orthopedic of Hand surgery and a demonstrated interest in the care of rheumatic disease patients, OR
3. Successful completion of an accredited Physical Medicine & Rehabilitation training program and a demonstrated interest in the care of rheumatic disease patients.
4. For the PhD prospective members: research activity in Rheumatology-related basic sciences.
5. Specialty and/or Subspecialty Board certification, where available, is highly desirable.

B. Emeritus Membership

Any member who retires from active practice or academic position is eligible for emeritus membership.

Election to Membership

Procedure:

Any two members in good standing may propose a candidate for membership. The candidate shall complete the attached membership proposal form (Appendix A) and provide a Curriculum Vitae. The proposers shall each write a letter in support of the candidate.

The letters, CV and membership proposal form shall be forwarded to the membership committee chairperson. The membership committee shall screen the candidates and nominate for election the approved candidates' name to the Society's officers and membership at the next business meeting.

The names of the nominees shall be included in the meeting notice. A ninety percent (90%) vote by those present and voting shall constitute election to membership.

Membership Dues

Membership dues shall be on an annual basis and shall be determined by the executive committee. Failure to remit dues within three months from the third notice shall cause termination of membership.

The Secretary-Treasurer of the organization shall notify the defaulting member by letter, and reinstatement shall be possible within 2 weeks, upon receipt of annual dues.

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Application for Membership

Please type/block print

Name: _____

Mailing Address: _____

City: _____ State: CA Zip Code: _____

Member Category: Member Emeritus

Degree: _____ Year Received: _____

From: _____

Post Graduate Training (type, institution and dates):

Residency _____ Institution _____ Year _____

Fellowship _____ Institution _____ Year _____

Current Employment (Mailing address/telephone):

Institution Name: _____

Mailing Address: _____

City: _____ State: CA Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Check here if you would like this address to be used for all your SCRS mail.

Has your license to practice medicine, or controlled substances registration ever been revoked? Yes No

If Yes, please explain: _____

Has your membership in any medical society, hospital staff privileges, or surgical privileges ever been revoked? Yes No

If Yes, please explain: _____

Applicant Signature

Date

Signature of Proposing Member

Date

Signature of Proposing Member

Date

Please return:

- ✓ Completed Application
- ✓ Curriculum Vitae
- ✓ \$65.00 check (Payable to Southern California Rheumatology Society)

Mail to:

Arthritis Foundation
Att: Southern California Rheumatology Society
800 West Sixth Street, Suite 1250
Los Angeles, CA 90017