



**YUBA - SUTTER - COLUSA  
COUNTY MEDICAL SOCIETY**

MARYSVILLE, CA 95901

**INFORMATION RELEASE APPLICATION AGREEMENT**

1. I hereby apply for membership in the Yuba-Sutter-Colusa County Medical Society and California Medical Association (American Medical Association - optional), and will submit annual dues when due and payable if elected to such membership.

2. I hereby grant permission and consent for the Society to obtain an update on my professional activities from the Medical Board of California and AMA files.

3. I agree that the action of the Board of Directors of the Yuba-Sutter-Colusa County Medical Society shall be final and binding upon me and I agree to abide by the same. I agree, if elected to full membership status in the Yuba-Sutter Colusa County Medical Society, that my membership shall be conditioned upon my compliance with the Bylaws of the Yuba-Sutter-Colusa County Medical Society. Bylaws and principles of Medical Ethics endorsed by the California Medical Association and American Medical Association.

4. I further agree that any controversy or claim arising out of or relating to this application for membership, or the breach thereof, shall be settled by arbitration in accordance with Article 10; DISCIPLINARY PROCEDURES, in the Yuba-Sutter-Colusa County Medical Society Bylaws.

PLACE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Please sign in ink - do NOT type)

PLEASE PRINT NAME: \_\_\_\_\_

Mail to:  
YSCMS  
PO BOX L  
MARYSVILLE, CA. 95901