



MEMBER Profile

This application is for physicians who are interested in becoming GLMS and KMA members.

For credentialing, please go to glms.org/services/medcentral.

We want to provide you with the most up-to-date happenings and information about the medical community in Louisville. The information provided below will be featured in our Pictorial Roster, which is used by our members as a networking and referral guide.

Contact Onvia McDaniel with questions at (502) 736-6302 or membership@glms.org.



Email your photo to photos@glms.org

First, Middle, Last Name	<input type="text"/>		M <input type="checkbox"/>
			F <input type="checkbox"/>
Date of Birth	<input type="text"/>	Personal Email	<input type="text"/>
			<i>[for communications from GLMS, not printed in roster]</i>
Spouse Name	<input type="text"/>	Business Email	<input type="text"/>
			<i>[will be printed in the roster]</i>
Office Name	<input type="text"/>		
Office Address	<input type="text"/>		
Office Phone	<input type="text"/>	Office Fax	<input type="text"/>
	<i>[if working at more than one office, please provide all]</i>		
Office Website	<input type="text"/>		
Home Address	<input type="text"/>		
	<i>[we won't print this, but we will use it to send our monthly magazine]</i>		
Cell Phone	<input type="text"/>		
	<i>[will not be printed]</i>		
Specialty	<input type="text"/>	Specialty 2	<input type="text"/>
Medical School	<input type="text"/>		
Medical School Year Graduated	<input type="text"/>	Degree	<input type="text"/>
Board Certification	<input type="text"/>		
	<i>[if applicable]</i>		
NPI #	<input type="text"/>	Medical License #	<input type="text"/>
Direct Secure Message [DSM] Email	<input type="text"/>		

Please return this sheet to membership@glms.org