Massachusetts Medical Society Medical Student Membership Application

FREE membership — Join online at www.massmed.org/join_student (enter code S-10-1-1) or complete the information below.

(Please type or print clearly.) Date _____

Name _____
First Middle Last

Preferred mailing address ❑ Home ❑ Office

Preferred mailing address _____

City _____ State_____ Zip_____ Country _____

Billing address _____

City _____ State_____ Zip_____ Country _____

Preferred phone/fax numbers ❑ Home ❑ Office

Home phone _____ Office phone_____

E-mail _____ Fax _____

Medical school _____ Anticipated year of graduation _____

Birth date ____/____/____ ❑ Female ❑ Male

Is this a combined degree program? ❑ Yes ❑ No If yes, please list all programs: _____

We suggest medical students select the district in which their school is located:

❑ HMS • Norfolk District ❑ TUSM • Suffolk District

❑ BUSM • Suffolk District ❑ UMMS • Worcester District*

I certify that all of the above statements are true. I agree to comply with the bylaws and Code of Ethics of the Massachusetts Medical Society.

Signature _____ Please print name _____

*Members of the Worcester District Medical Society will receive further information.

Sign me up today for the following electronic newsletters:

❑ *Vital Signs This Week* — MMS news and events, plus local and national health care news
❑ MMS Flu Advisories — Information on flu-related news
❑ Health Advisories — Bioterrorism preparedness notices, DPH advisories, and more
❑ Arts MIN Announcements — MMS Member Interest Network notices
❑ Public Health Alerts — Public health information from leading authorities
❑ Professional Liability Bulletin — Updates on local and national insurance-related reform efforts
❑ Health IT Briefs — Summarizes eHealth news from around the country, for MMS members only (biweekly)
❑ MMS Payer Watch — News about health plans, insurers, and other payers monthly or as needed

Recruited by _____

American Medical Association Medical Student Membership Application (optional)

❑ Four years for $68.00 ❑ Three years for $54.00 ❑ Two years for $38.00 ❑ One year for $20.00

Payment options for AMA only:

❑ Check enclosed. (Make check payable to Massachusetts Medical Society or MMS. The MMS collects dues for the AMA.)

❑ Charge my credit card below. (Your credit card payment will not be processed until your membership is approved.)

❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Card no._____ Expiration date _____

Signature _____ Please print name_____