



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Join Your Professional Association! The Massachusetts Medical Society

Join online for **FREE** at www.massmed.org/join_student. Enter code **14S6**.

MMS membership is FREE for all medical students!

- The Massachusetts Medical Society (MMS) is the largest physician advocate in the state with over 24,000 members!
- Complete the other side of this page and become an MMS member **FREE** of charge.
- Receive **FREE** online subscriptions to the *New England Journal of Medicine* and JWatch.org. (Nonmembers pay \$98 per year.)
- Receive a **FREE** subscription to the NEJM iPad Edition* (Nonmembers pay \$14.99 per month.)
- Join the American Medical Association (AMA) for all 4 years of medical school for only \$68.

Making a Difference!

The MMS provides a forum for medical students to participate in organized medicine.

- Information about the latest developments in Health Care Reform
- Community health fair
- HIV education
- Legislative workshops

Other MMS member benefits and networking opportunities:

- Scholarships, grants, and awards
- Demonstrate involvement and leadership on your CV
- Community service project funding
- Mentoring opportunities
- Poster symposium

District Information (FREE for Medical Students)

MMS members must belong to a local district medical society. Society information flows through each district's elected district leaders. Consider becoming involved locally. You can join either the district in which you attend school or the one in which you live. For a complete list of districts by cities and towns, visit www.massmed.org. Massachusetts medical schools fall within the following districts:

HMS, Norfolk District

BUSM, Suffolk District

TUSM, Suffolk District

UMMS, Worcester District



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For more information, contact our member information center at (800) 322-2303, ext. 7311, or email info@massmed.org. Or you can join online at www.massmed.org/join_student. ENTER CODE 14S6.

**YOU WILL BE ASKED TO CREATE AN ONLINE PROFILE BEFORE COMPLETING
YOUR ONLINE APPLICATION.**

If necessary, scan your completed application, save it as a PDF, and email it to info@mms.org; fax it to (781) 893-2105; or mail it to MMS, Membership Department, 860 Winter Street, Waltham, MA 02451.

See the medical student application on the opposite side of this page.

Massachusetts Medical Society Medical Student Membership Application

FREE MMS MEMBERSHIP

Join online at www.massmed.org/join_student. Enter code 14S6.

(Please type or print clearly.)

Date _____

Name _____
First Middle Last

Preferred mailing address ☐ Home ☐ School

Preferred mailing address _____

City _____ State _____ Zip _____ Country _____

Home phone _____ Cell phone _____

Email _____

Medical school _____ Anticipated year of graduation _____

Birth date ____/____/____ ☐ Female ☐ Male

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

MMS members are required to join a local district medical society. We suggest medical students select the district in which their school is located:

☐ HMS, Norfolk District ☐ BUSM, Suffolk District ☐ TUSM, 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 _____

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 Media Watch** — Roundup of major health care news and commentary of the day affecting Massachusetts and the nation.
- ☐ **MMS Health Policy Watch** — Updates, research studies, and projects on health care policy issues in Massachusetts and across the country.
- ☐ **MMS Legislative Update** — The latest information about legislative advocacy efforts and legislation relating to health care and the medical profession.
- ☐ **MMS and Alliance Charitable Foundation** — The latest information on Foundation grants, deadlines, and activities.

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

Card no. _____ Expiration date _____

Billing address _____

City _____ State _____ Zip _____ Country _____

 Signature _____ Please print name _____

Conditions of AMA membership and application:

As part of a physician organization committed to strengthening the ethics of medicine, every member pledges to uphold the Principles of Medical Ethics as interpreted in the Code of Medical Ethics, and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council on Ethical and Judicial Affairs.

- The AMA Principles and the Code of Medical Ethics: www.ama-assn.org/go/codeofmedicalethics
- The AMA's Bylaws and Rules of the Council on Ethical and Judicial Affairs: www.ama-assn.org/go/ceja

Applicants and members are required to disclose to the AMA Office of General Counsel any violations of the Principles of Medical Ethics or unprofessional conduct including actions taken regarding professional licensure, medical staff privileges, or felony or fraud convictions. Additionally, the Health Care Quality Improvement Act requires professional societies (such as the AMA) to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank.