Medical Student Join Process – a screen by screen guide

From the main website (www.massmed.org), click on the “Join Now” link in the upper right hand corner of your screen:

And scroll down to click on the button “Become a Member Today”:

Membership in the MMS is open to physicians who hold a Doctor of Medicine or Doctor of Osteopathy, who have a residence or professional activity in Massachusetts, or who are medical students in Massachusetts.

To Join by Fax or Mail:

- Download Application — Practicing Physician
- Download Application — Intern/Resident/Fellow
- Download Application — Medical Student
Or go to the short-link [www.massmed.org/join-student](http://www.massmed.org/join-student) and click on the button “Become a Member Today”:

Verify that there isn’t an account already associated to your email address by entering your email (leave MA Medical License Number and NPI Number fields blank):

Have an account already?

Please enter your email address below to see if your record exists in our system. If a match is found and you have forgotten your password, you may request a new one.

<table>
<thead>
<tr>
<th>Email:</th>
<th><a href="mailto:student@demo.test">student@demo.test</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA Medical License Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NPI Number:</th>
</tr>
</thead>
</table>

Search
If the email address you have entered is not in the database already, you will get this message. Proceed by clicking on “Continue to Register”:

If an account is found using the email address you entered, you will see this message. Proceed to log into your account using the “Log in now” link, or use the “Forgot Password” link if you have forgotten your password, and proceed to log in:
Upon logging in, you will see the following form, proceed with completing the required fields (first name, last name and functional role):

**Personal Information**

First name: Alpha  
Required

Middle name: Middle name

Last name: Bravo  
Required

Designation:  
- M.D.  
- D.O.  
- B.A.

Referred By: First & Last Name

Functional role: Please select  
Required

MA Medical License: MA Medical License Number

For “Functional Role” you should select “Medical Student” (third option on the drop down list):
When you select “Medical Student”, your screen will quickly reset to show just the form fields that are applicable to medical students. Proceed with completing the required form fields.

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Please select</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td>Alpha</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
<tr>
<td>Middle name:</td>
<td>Middle name</td>
</tr>
<tr>
<td>Last name:</td>
<td>Bravo</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td>Please select</td>
</tr>
<tr>
<td>Designation:</td>
<td>M.D.</td>
</tr>
<tr>
<td></td>
<td>D.O.</td>
</tr>
<tr>
<td></td>
<td>B.A.</td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Please select</td>
</tr>
<tr>
<td>Gender:</td>
<td>Prefer N/A</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
<tr>
<td>Birth Date:</td>
<td>01/01/1997</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
<tr>
<td>Referred By:</td>
<td>First &amp; Last Name</td>
</tr>
<tr>
<td>Convicted Felony?</td>
<td>No</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
<tr>
<td>License Revoked or Suspended?</td>
<td>No</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
<tr>
<td>Membership Application Denied In Past?</td>
<td>No</td>
</tr>
<tr>
<td><strong>Required</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Birth Date** can be typed using the format 00/00/0000 rather than using the pop-up calendar.
Address: At least one address you enter must be a **Massachusetts mailing address** in order to join the Massachusetts Medical Society. If you only enter one address, please be sure it is either your school address or current mailing address in Massachusetts, and not a family home address in another state.

**Address Information**

- **Address type:** Home
- **Required**
- **Address Line 1:** 123 Main Street
- **Required**
- **Address line 2:** Address line 2
- **City:** Boston
- **Required**
- **State:** Massachusetts
- **Required**
- **ZIP code:** 02115
- **Required**
- **Organization:** Organization
- **International province:** International province

**Additional Address Information**

- **Address Type:** Please select
- **Address Line 1:** Address Line 1
- **Address line 2:** Address Line 2
- **City:** city
- **State:** Massachusetts
Start typing your school name...

And select your school from the options provided.

The day and month of your graduation does not need to be exact, but the year does – like the Birth Date field, the date can be typed using the format of 00/00/0000 rather than using the pop up calendar – we generally default to 06/01/20XX (grad year)
Once you submit your contact information, you will be brought to your membership options. Please select the membership term length that most closely corresponds to your graduation date. For instance, if you are graduating on 2024, you will select the 4 year membership.

Note: if you are in a combined program such as an MD/MBA program, MD/MPH program or MD/PhD program, and will be in school longer than 4 years, please select the 4 year package and we will extend your membership at the four year expiration.

**AMA Membership** – the MMS is pleased to sponsor an American Medical Association membership for you as a medical student member of the MMS for as long as you are an MMS student member; however, if you would like to opt-out of joining the AMA, please click the opt-out check box.

### Online Join Membership Packages

Please select your State membership:

- Student Membership 1 Year -- $0.00
- Student Membership 2 years -- $0.00
- Student Membership 3 years -- $0.00
- Student Membership 4 years -- $0.00

### American Medical Association (AMA) Membership (recommended)

**Conditions of AMA membership and application**

The MMS will fund up to four years of medical student membership ($68 value) or annual resident/fellow membership ($45 value) for individuals enrolled in Massachusetts programs. To decline AMA membership, please check the box next to Opt Out of AMA (American Medical Association) Membership?

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**

**The AMA's Bylaws and Rules of the Council on Ethical and Judicial Affairs**

Applicants and members are required to disclose to the AMA Office of General Counsel any alleged violations of the Principles of Medical Ethics or unprofessional conduct including actions taken or pending 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.

- Opt Out of AMA (American Medical Association) Membership?
The Massachusetts Medical Society is comprised of 20 District Medical Societies, each with their own, more local leadership, events and initiatives. Members of the MMS belong to a District Medical Society that is based on the zip code of their home or office/medical school. If you enter more than one address, you may see more than one option for your District Society options. Select the District you would like to join.

The four Massachusetts Medical Schools are located in the following Districts:

Boston University School of Medicine – Suffolk District
Harvard Medical School – Norfolk District
Tufts University School of Medicine – Suffolk District
University of Massachusetts Medical School – Worcester District

Students are strongly encouraged to join the District associated to their medical school. If you don’t see your school’s District as an option on your screen you can click on “Add Address” and enter your medical schools address as your “office” address, which should then add your school’s District to your list of options.

Online Join District Packages

Please select your District membership:

- Suffolk Student Membership 4 years -- $0.00

Suffolk Student Membership 4 years

Individuals joining the Massachusetts Medical Society are also required to join an MMS District Society associated to either their home or work address. The District Society above is associated with the address you have provided. If you would like to see if you are eligible for other District Medical Societies, please enter additional work or home addresses.
IMPORTANT NOTE ABOUT WORCESTER DISTRICT:

If Worcester is your District, you will see a fee next to the Worcester District Membership Package. This fee will be DISCOUNTED to $0.00 when you get to the shopping cart, so please DO NOT be alarmed! Select the membership and proceed to the next screen.

This fee WILL BE discounted to $0.00 on the next screen! Do not be alarmed!
After you submit your District selection, you will be taken to your shopping cart. Even though membership is free for you as a medical student and the total of your shopping cart is $0.00, you need to complete the transaction as though you have made a purchase (but no credit card required!)

Verify your Cart total on the screen is $0.00 and click “Continue”.
You will proceed to the next transaction screen – click “Check out”:

You will proceed to the final transaction screen, where you can again confirm that the “balance due” is $0.00 and click “Submit Order”
You will see a confirmation screen of your membership transaction with a confirmation number in green at the bottom of the screen. An email confirmation will also be emailed to you.

Congratulations! You are now a member of the Massachusetts Medical Society!

Please note that your AMA membership will be activated a few weeks after you have joined the MMS.

If you have any issues joining the MMS through the MMS website, you can email the MMS Processing Department at mmsprocessing@mms.org or call 800-322-2303 ext. 7495 to get assistance completing your transaction.