

APPLICATION FOR MEMBERSHIP

PHYSICIAN INFORMATION

LAST _____ FIRST _____ MIDDLE _____

MISSOURI LICENSE NUMBER _____ DATE OF BIRTH _____ GENDER FEMALE MALE

HOME MAILING ADDRESS _____ CITY/STATE/ZIP _____ COUNTY _____

TELEPHONE _____ FAX _____ EMAIL _____

MEDICAL SCHOOL / LOCATION _____ GRADUATION YEAR _____

MEDICAL SPECIALTY _____ PHYSICIAN TYPE DO MD

PRACTICE INFORMATION

PRACTICE NAME _____

PRACTICE MAILING ADDRESS _____ CITY/STATE/ZIP _____ COUNTY _____

TELEPHONE _____ FAX _____ WEBSITE/EMAIL _____

EMPLOYMENT STATUS (CHECK ALL THAT APPLY) INDEPENDENT EMPLOYED ACADEMIA

SELECT YOUR COMMUNICATION PREFERENCES

	PRINT	DIGITAL
Missouri Medicine (bi-monthly journal)	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (monthly newsletter)	<input type="checkbox"/>	<input type="checkbox"/>
Legislative Report (weekly, during legislative session)	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Mailing Address	<input type="checkbox"/> Home	<input type="checkbox"/> Practice

Do not share my profile information with my component society.

Log in to your online profile at any time to change your preferences.

MEMBER CATEGORY

CHECK MEMBERSHIP CATEGORY

___ Active Member - \$395

___ Third Year Practice - \$300

___ Second Year Practice - \$200

___ First Year Practice - \$100

___ Resident - \$25

REFERRED BY _____

PAYMENT METHOD

FOUR WAYS TO JOIN or RENEW
 1 - MAIL:
 MSMA
 113 Madison Street | P.O. Box 1028
 Jefferson City, MO 65102

2 - FAX
 573-636-8552

3 - ONLINE
 www.msma.org/joinrenew

4 - CALL
 800-869-6762

Local component society membership dues may be required for MSMA membership. Visit www.msma.org/local-dues for amounts. Contact Cassie Williams at cwilliams@msma.org.

AMOUNT \$ _____ CHECK ___ MASTERCARD ___ VISA ___ DISCOVER ___ AMERICAN EXPRESS ___

PAY BY PHONE AT 800-869-6762 WITH CREDIT CARD INFORMATION.

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS SAME AS HOME SAME AS BUSINESS

IF DIFFERENT THAN ABOVE _____

CITY/STATE/ZIP _____

TEL _____ EMAIL RECEIPT FAX RECEIPT

CARD NUMBER _____ EXPIRATION DATE ____ / ____