

# APPLICATION FOR MEMBERSHIP

## PHYSICIAN INFORMATION

_____				
LAST	FIRST	MIDDLE		
_____		GENDER		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
MISSOURI LICENSE NUMBER	DATE OF BIRTH			
_____		CITY/STATE/ZIP		COUNTY
_____		_____		
TELEPHONE	FAX	EMAIL		
_____		_____		
MEDICAL SCHOOL / LOCATION		GRADUATION YEAR		
_____		_____		
MEDICAL SPECIALTY		PHYSICIAN TYPE <input type="checkbox"/> DO <input type="checkbox"/> MD		

## PRACTICE INFORMATION

_____		
PRACTICE NAME		
_____		COUNTY
PRACTICE MAILING ADDRESS		CITY/STATE/ZIP
_____		_____
TELEPHONE	FAX	WEBSITE/EMAIL
_____		_____
EMPLOYMENT STATUS (CHECK ALL THAT APPLY) <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> EMPLOYED <input type="checkbox"/> 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

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

## MEMBER CATEGORY

### CHECK MEMBER CATEGORY

Active Member - \$395  
 Third Year Practice - \$300  
 Second Year Practice - \$200  
 First Year Practice - \$100  
 Resident - FREE

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](http://www.msma.org) for amounts. Contact Cassie Williams at [cwilliams@msma.org](mailto: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 \_\_\_\_ / \_\_\_\_