



Missouri State Medical Association



Join Online at www.msma.org/joinrenew

MEDICAL STUDENT SECTION MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY - INCOMPLETE APPLICATIONS WILL DELAY MEMBERSHIP ACTIVATION

Your contact information will be shared with the local component medical society in your area, as membership for students on a local level is free, where applicable.

LAST FIRST MIDDLE

PREFERRED MAILING ADDRESS CITY/STATE/ZIP

TELEPHONE EMAIL

GRADUATION YEAR BIRTH DATE (MO/DD/YEAR) GENDER

PLEASE CHECK MEDICAL SCHOOL

- Kansas City University
- Kirksville College of Osteopathic Medicine
- Saint Louis University
- University of Missouri
- University of Missouri - Kansas City
- Washington University

PLEASE CHECK DUES PAID

*Students purchasing a 4-year MSMA and AMA membership qualify for a **free** incentive. Contact your student section recruiter to choose from several incentive options.*

<u>Year in Medical School</u>	<u>Combined (MSS-MSMA & AMA)</u>
First Year (4 Year Membership)	<input type="checkbox"/> \$100 (\$32 & \$68)
Second Year (3 Year Membership)	<input type="checkbox"/> \$78 (\$24 & \$54)
Third Year (2 Year Membership)	<input type="checkbox"/> \$54 (\$16 & \$38)
Fourth Year (1 Year Membership)	<input type="checkbox"/> \$28 (\$8 & \$20)
Single Year	<input type="checkbox"/> \$28 (\$8 & \$20)

PAYMENT INFORMATION

**JOIN ONLINE www.msma.org/joinrenew
FAX OR MAIL application with payment
OR CALL 800-869-6762 with credit card**

Amount \$ _____ Circle Type: MasterCard Visa Discover AMEX

By Check ___ Make Check Payable to MSMA

Name as it appears on card _____

Billing Address _____

City/State/Zip _____ Tel _____

Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____ Signature _____

**ATTENTION RECRUITERS
Mail application/check to:**

Missouri State Medical Association
Medical Student Section
113 Madison Street
P.O. Box 1028
Jefferson City, MO 65102

Contact 800-869-6762
or email [Hwansing at hwansing@msma.org](mailto:Hwansing@msma.org)