



Domestic Medical Student AMSA Membership Application

American Medical Student Association, 45610 Woodland Road, Suite 300, Sterling, VA 20166

Phone: (800) 767-2266 Fax: (703) 620-6445

Web: www.amsa.org Email: members@amsa.org

Medical students enrolled in or on leave of absence from any LCME or AOA accredited or provisionally accredited North American (US and Canada) allopathic or osteopathic training program are eligible for membership. **Domestic Medical Student membership is free of charge.**

DEMOGRAPHIC INFORMATION

First Name _____ Middle Name _____ Last Name _____

Preferred Address: Street _____ Apt/Room _____

City _____ State _____ Zip _____ Country _____

Home Phone Number _____ Cell Phone Number _____

Preferred E-mail Address _____ Alternate E-mail Address: _____

Gender _____ Birth Year (yyyy) _____

SCHOOL INFORMATION

Medical School Attending _____

Medical School Location _____ Graduation Date (mm/yyyy) _____

Intended Medical Specialty _____

Circle one Level of Training: MS1 MS2 MS3 MS4 Did you receive AMSA information from your school? Yes No

Members are entitled to receive, at no additional charge AMSA's award winning magazine, *The New Physician*, in digital format. If you would like to receive *The New Physician* magazine in print format, member rates for a two year subscription is \$24 and a four year subscription is \$40. Please check the following:

- Yes, please send me 2 years of *The New Physician* magazine for only \$24 (6 issues per year)
 Yes, please send me 4 years of *The New Physician* magazine for only \$40 (6 issues per year)

OPTIONAL SUBSCRIPTION FEES — U.S. Currency only.

TOTAL ENCLOSED: \$ _____

Payment enclosed (make checks payable to AMSA)

Please charge my: _____ VISA _____ MasterCard _____ American Express

Account Number _____ Exp. Date _____ CCV: _____

Signature _____ Today's Date _____

AMSA is committed to keeping members informed of important changes in medical education and health care delivery, especially where new and innovative opportunities are available. We aim to keep announcements informative and infrequent. AMSA has a strict review process for any information disseminated from external sources. AMSA will inform its members of beneficial services available from these other entities, subject to approval by the AMSA Board of Trustees. If you do not wish to receive information from these AMSA-approved outside organizations, please indicate:

- Do not release my address. Do not release my e-mail address. Do not release my phone number.

Please mail this application to:

AMSA Membership Services, 45610 Woodland Road, Suite 300, Sterling, VA 20166

Questions? Call: 1 (800) 767-2266, E-mail: members@amsa.org or Visit: www.amsa.org