

Premedical Student AMSA Membership Application

American Medical Student Association, 45610 Woodland Road - Suite 300, Sterling, Virginia 20166 Phone: (800) 767-2266 Fax (703) 620-6445 Web: www.amsa.org E-mail: members@amsa.org

Premedical sustaining membership shall be available to any student attending or having graduated from an accredited university in the U.S. who has demonstrated a serious interest in the profession of medicine and the objectives of the Association, and who has paid the required premedical sustaining dues of the Association. Please see below for national membership dues.

			Middle Name		Last Name			
Preferred Mailing Address: St	treet					Apt/Room	1	
City		Sta	ıte	Zip	Coun	try		
Please Note: If an international n	nailing addres	s is indicated as prej	ferred a one-time fee of \$	50 will be added to th	he membership du	es.		
Home Phone Number			Cell Phone Nu	ımber				
Preferred E-mail Address			Altemate E-n	nail Address:				
Gender	ler Birth Year (yyyy)							
SCHOOL INFORMATION	[
School Attending			School Locat	ion				
Circle one Degree: BA	BS BB.	A Other	Level of Tra	ining: Freshman	Sophomore	Junior	Senior	Other
Field of Study			Graduation I	Date (mm/vvvv)				
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deductible by members as an ordinary and necessary business expense. Consult your tax adviser. 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.