

Supporting Affiliate 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 Email: members@amsa.org

Supporting Affiliate membership shall be available to those who have demonstrated a serious interest in the profession of medicine and the objectives of the organization but are not eligible for medical, premedical, international medical, resident or physician membership -- includes allied health students and professionals and naturopathic students and professionals who have paid the required Supporting Affiliate dues of the Association. Please see below for national membership dues.

DEMOGRAPHIC INFORMATION			
First Name	Middle Initial	Last Name	
Preferred Mailing Address: Street			Apt/Room
City	State	Zip	Country
Home Phone Number		Cell Phone Number	
Preferred E-mail Address	Alternate E-mail Address:		
GenderE	Birth Year (yyyy)	Ethn	icity
Please Note: If an international mailing address is indicate	ed as preferred a one-time	fee of \$50 will be added to th	e membership dues.
PROFESSIONAL AFFLILIATION INFORMATION			
Supporter in Dentistry, Nursing or Allied Health Plea.	se select one category		
□ I am a student – Please List your field:			
School Attending			
School Location			
□ I am a dentist, nurse or professional in the Allied Hea	alth Field – Please List yo	ur field:	
If you are teaching please list your school:			
Supporter in Naturopathic Please select one category			
☐ I am a student in the Naturopathic Field			
School Attending			D. (()
School Location		Graduation	Date (mm/yyyy)
□ I am a professional in the Naturopathic Field			
If you are teaching please list your school:			
□ Supporter Select if you are a supporter in any other field	d		
How are you supporting the medical community?			
Members are entitled to receive, at no additional charge Al	MSA's award winning mag	gazine, <i>The New Physician</i> . P	lease check one of the following:
() Yes, please send me The New Physician as part of my m	nem bership		
() No thank you I do not want to receive The New Physicia	an magazine		
<u>DUES AND FEES</u> —Dues are in U.S. Currency. Supporting Affiliate Dues: \$50 annually <i>If an international</i> .	l address is provided as the per	rmanentaddress please add a on	e-time fee of \$50 to the membership dues price
		•	
Dues \$			
International Address Fee \$			
TOTAL ENCLOSED \$			
() Payment enclosed (make checks payable to AMSA)			
() Please charge my: VISAMasterCard			
Account Number		Exp. Date	CCV:
Signature	Today 's Date		

MEMBERSHIP DUE'S ARE NOT REFUNDABLE. Dues/contributions/giftsto AMSA aren't deductible as charitable contributions for £deral tax purposes. However, dues may be 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 informative and informative 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: