

# NMA MEMBERSHIP APPLICATION

## Personal Information

Name—Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• Preferred Mailing Address:  Home  Office

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

FAX \_\_\_\_\_ E-mail \_\_\_\_\_

•  Male  Female • Date of Birth \_\_\_\_\_ • SSN# \_\_\_\_\_

• Professional Degree:  M.D.  Other (specify) \_\_\_\_\_ • No. of years in Medical Practice \_\_\_\_\_

• Medical School Attended \_\_\_\_\_ • Year Degree Conferred \_\_\_\_\_

• Primary Medical Specialty \_\_\_\_\_ • Bd.Cert.: \_\_\_\_\_

• Licensure: Number(s) \_\_\_\_\_ State(s) of Licensure \_\_\_\_\_ Exp. Date(s) \_\_\_\_\_

• Name of your NMA state society \_\_\_\_\_ • Name of your local NMA society \_\_\_\_\_

## NMA Dues Schedule \*

The membership period in the National Medical Association is for the calendar year, January 1 through December 31.

- Physician/Regular Membership .....\$495
- First Time Physician Member .....\$250
- Doctors of Osteopathic Medicine .....\$495
- Physician/First Year in Practice .....\$215
- Physician/Second Year in Practice .....\$345
- Physician/Active Duty Military.....\$255
- Resident Fellow.....\$40
- Medical Student.....\$20
- Emeritus (pre-approval required) .....waived

### Associate Membership \*

- Full Time Medical Teaching Faculty .....\$210
- Member Non-U.S. Medical Society .....\$210
- Medical missionary in non U.S. country .....\$210
- Doctorate/PH.D. in the Medical or Health Profession ..\$210
- International Membership.....\$210
- Allied Health Professionals\*.....\$210

\*List specialty \_\_\_\_\_  
 •Associate members have no voting representation and may not hold office.

## Payment

- Check enclosed: (Make check payable to National Medical Association)
- Credit Card:  AmEx  Visa  MasterCard  Discover  Diners

Card# \_\_\_\_\_

Exp. Date \_\_\_\_\_ V Code (last 3 digits on back of card) \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

## Personal Information

Check One Only

- Clinical Practice
- Administration
- Research
- Retired
- Full time teaching (in a recognized medical institution)
- Medical missionary work or teaching in non-U.S. country)
- Other (specify) \_\_\_\_\_

## Primary NMA Medical Section

- Aerospace, Military and Occupational Medicine
- Allergy, Immunology and Asthma
- Anesthesiology
- Basic Science
- Community Medicine and Public Health
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Medical Administrators
- Neurology/Neurosurgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic and Reconstructive Surgery
- Postgraduate Physicians
- Psychiatry and the Behavioral Sciences
- Radiology
- Surgery
- Urology
- Womens Health

**National Medical Association, P.O. Box 631062, Baltimore, MD 21263-1062; 202-347-1895 phone; 202-783-5193 fax; www.NMAnet.org**

\* Membership Dues are non refundable.