APPLICATION FOR EMERITUS MEMBERSHIP

QUALIFICATIONS:

CONSTITUTION Article III., Section 6.

- Emeritus Members shall be physicians who have served the organization well for the past twenty (20) years and have reached the age of seventy (70).

BYLAWS Chapter I., Section 5.

- Eligibility for Emeritus status occurs after age seventy (70) and following twenty (20) years of documented, active Association membership, distinguished by exemplary service to the National Medical Association. The applicant must be nominated by a current member in good standing and be approved by the Board of Trustees.
- Emeritus members are granted lifetime membership status with a waiver of annual membership and convention registration fees.
- Past Presidents become eligible for Emeritus status at age sixty-five (65) and can vote and hold office; they will be granted a waiver of the annual convention registration fees and sponsorship to select convention activities.

BYLAWS Chapter 1., Section 8E

- Emeritus Members have the same rights as Associate Members.

BYLAWS Chapter 1, Section 9C

- Emeritus Members are not required to pay dues to the National Medical Association and shall receive the Journal of the National Medical Association.

Email completed application to: memberservices@nmanet.org no later than April 15th

Rev. June 2026

PERSONAL INFORMATION

NAME:

ADDRESS:

_____

HOME PHONE: _____ WORK PHONE: _____

CELLPHONE: _____

DATE OF BIRTH:_____

DATE OF RETIREMENT OR DISABILITY: _____

MEDICAL SCHOOL ATTENDED: _____

YEAR OF GRADUATION:

WHAT YEAR DID YOU JOIN THE NATIONAL MEDICAL ASSOCIATION? _____

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REFERENCES

Please provide three National Medical Association member references:

1. _____
NAME

_____
ADDRESS

_____
CITY, STATE, PHONE NUMBER

2. _____
NAME

_____
ADDRESS

_____
CITY, STATE, PHONENUMBER

3. _____
NAME

_____
ADDRESS

_____
CITY, STATE, PHONE NUMBER

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NATIONAL LEVEL INVOLVEMENT

Please indicate any involvement in your Section and Region:

_____

_____

_____

_____

Please be sure to attach your nomination letter from a current member in good standing.

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STATE AND LOCAL SOCIETY INVOLVEMENT

Please indicate any involvement in your State and Local Societies:

_____

_____

_____

_____

CHAPTER CERTIFICATION

(To be signed by State President)

I hereby certify that _____ is a
Name of Emeritus Applicant

Member, in good standing, of _____
Name of State Society

_____ _____
Signature of State Society President Date

(To be signed by Local Society President)

I hereby certify that _____ is a
Name of Emeritus Applicant

Member, in good standing, Of _____
Name of Local Society

_____ _____
Signature of Local Society President Date

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SIGNATURE OF APPLICANT

This application will be reviewed for consideration.

I understand the qualifications for Emeritus Membership, and I attest to having met the qualifications listed herein.

Signature of Applicant

Date

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Rev. February 2025