

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.: _____

License: Number(s) _____ State(s) of License _____ 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 Associate Membership*

Full Time Physician Member\$650 Full Time Medical Teaching Faculty.....\$210

Doctors of Osteopathic Medicine\$495 Member Non U.S. Medical Society.....\$210

Physician/First Year in Practice\$615 Medical missionary in non U.S. country.....\$210

Physician/Second Year in Practice\$645 Dentist/PH.D. in the Medical or Health Profession...\$210

Physician/Active Duty Military.....\$655 International Membership.....\$210

Resident Fellow.....\$40

Medical Student.....\$20

Emeritus (pre-approval required).....waived

*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 dig is 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 As. Infs

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