

# 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 \_\_\_\_\_ • Bo. Cert. \_\_\_\_\_

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

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

## 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 Specialty

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

## NMA Dues Schedule \*

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

Physician/Regular Membership.....\$485 Associate Membership \*

First Time Physician Member.....\$250  Full Time Medical Teaching Faculty.....\$210

Doctors of Osteopathic Medicine.....\$485  Member Non-U.S. Medical Society.....\$210

Physician/First Year in Practice.....\$215  Medical missionary in non U.S. country.....\$210

Physician/Second Year in Practice.....\$345  Doctorate/Ph.D. in the Medical or Health Profession.....\$210

Physician/Active Duty Military.....\$255  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 digits on back of card) \_\_\_\_\_

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

National Medical Association, P.O. Box 631062, Baltimore, MD 21263-1062, 202-347-1695 phone, 202-783-5193 fax, www.NMANet.org  
 \* Membership Dues are non-refundable.