

**MICHIGAN ASSOCIATION OF MEDICAL EXAMINERS**  
**120 W. Saginaw St. \* E. Lansing, MI 48823 \* Phone: 517-324-2505 \* Fax: 517-336-5797**

I am applying for:     Active Membership             Associate Membership     Affiliate Membership

Name: \_\_\_\_\_ Designation (MD, DO, PhD, etc.): \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Medical License #: \_\_\_\_\_

County/Agency Affiliation: \_\_\_\_\_

Official Title: \_\_\_\_\_ Time with County/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Home or Office? \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Director: \_\_\_\_\_

University, Medical School or Training Program: \_\_\_\_\_

Year(s) Graduated: \_\_\_\_\_ Degree(s) Attained: \_\_\_\_\_

For Physicians: Residency Training Program: \_\_\_\_\_

Fellowship Training Program: \_\_\_\_\_

Board Certifications:    Forensic Pathology (Year: \_\_\_\_\_)         Anatomic Pathology (Year: \_\_\_\_\_)  
                                   Clinical Pathology (Year: \_\_\_\_\_)         Other: \_\_\_\_\_ (Year: \_\_\_\_\_)

Reference for Active/Associate applicants or name of Medical Examiner/Director of affiliated county/agency for affiliate applicants:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Please include payment of \$100 for Active membership, \$50 for Associate membership or \$25 for Affiliate membership. You may also be asked for a copy of your CV and a letter of recommendation. If, for some reason, your application is not approved, your payment will be refunded to you in full.**

I have enclosed check #\_\_\_\_\_. OR Please charge \_\_\_\_\_ to my:  Visa    Mastercard

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Credit Card Statement Billing Address: \_\_\_\_\_

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

I hereby make application for membership in the Michigan Association of Medical Examiners. I hereby agree to abide by the Bylaws of the Association and such changes and amendments to same as many hereafter be properly adopted. I hereby agree to revocation of my membership, if granted, in the event that any of the statements hereinafter made by me are found to be false, and to hold the Michigan Association of Medical Examiners and its members, officers and agents free from any damage or complaint by reason of any they, or any of them, may take in connection with this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_