

Application for Student Membership - \$20.00 Annually

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

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

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

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

Sex:  Male  Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Application Information:

Medical School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

Present Year in Medical School: \_\_\_\_\_ Degree To Obtain: \_\_\_\_\_

Undergraduate College/University \_\_\_\_\_

Location: \_\_\_\_\_

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I hereby apply for student 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: \_\_\_\_\_

Please include a \$20.00 check for Active student membership representing first year's dues, payable to MAME and mail to:

MAME  
120 West Saginaw Street  
East Lansing, MI 48823

Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Thank You!

[www.michiganme.org](http://www.michiganme.org) / [tguastella@msms.org](mailto:tguastella@msms.org)