



350 St. Andrews Road, Suite 242 | Saginaw, Michigan 48638-5988
 Cell (989) 284-8884 • Office (989) 790-3590 • Fax (989) 790-3640
 Email jmcramer@sbcglobal.net | Website www.SaginawCountyMS.com

MSMS/SCMS/AMA STUDENT APPLICATION
 Please email completed application to jmcramer@sbcglobal.net

Link to SCMS Private Membership Directory
https://issuu.com/scmsbulletin/docs/scms_private_membership_directory_2019

Please print

Gender Male Female Preferred Pronoun _____ Birth Date / / Country of Birth _____
MM/DD/YY
 Legal First Name _____ Middle Name _____ Last Name _____
 Suffix ____ (Jr., II, etc.) Prefer to be called _____ Maiden Name _____ Spouse _____
 Preferred email _____ Cell phone w/area code _____
 Mailing Address _____ City _____ State ____ Zip _____
CMU College of Medicine M1 M2 M3 M4 Expected Graduation Year _____

AGREEMENT

I hereby apply for student membership in the **Michigan State Medical Society (MSMS), Saginaw County Medical Society (SCMS), and the American Medical Association (AMA) (if desired)**. I certify that I am a duly enrolled student at **Central Michigan University College of Medicine**, and that I agree to be governed by the Constitution and Bylaws of each organization. As part of a physician organization committed to strengthening the ethics of medicine, every AMA member pledges to uphold the Principles of Medical Ethics as interpreted in the Code of Medical Ethics (<https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-overview>), and to comply with the Bylaws of the AMA and the Rules of the AMA Council on Ethical and Judicial Affairs (<https://www.ama-assn.org/councils/council-ethical-judicial-affairs>). Applicants and members of the AMA are required to disclose to the AMA Office of General Counsel any violations, or alleged violations, of the Principles of Medical Ethics or unprofessional conduct, including actions taken or pending regarding professional licensure, medical staff privileges, or felony or fraud convictions. Additionally, the Health Care Quality Improvement Act requires professional societies (such as MSMS, SCMS and the AMA) to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank.

Signature _____ Date _____
By signing your name, you agree to the terms stated above

Choose your membership – select one

- | | |
|---|---|
| <input type="checkbox"/> M1 MSMS/SCMS/AMA Dues for 4 years \$88 | <input type="checkbox"/> M1 MSMS/SCMS Dues for 4 years \$20 |
| <input type="checkbox"/> M2 MSMS/SCMS/AMA Dues for 3 years \$74 | <input type="checkbox"/> M2 MSMS/SCMS Dues for 3 years \$20 |
| <input type="checkbox"/> M3 MSMS/SCMS/AMA Dues for 2 years \$58 | <input type="checkbox"/> M3 MSMS/SCMS Dues for 2 years \$20 |
| <input type="checkbox"/> M4 MSMS/SCMS/AMA Dues for 1 year \$40 | <input type="checkbox"/> M4 MSMS/SCMS Dues for 1 year \$20 |

Payment Type Visa Mastercard American Express Discover Exp. Date Month ____ Year ____
 Card # _____ Name on Card _____
 Billing Address _____ City _____ State ____ Zip _____
 Authorized Billing Signature _____ Date _____

Note: If you chose to include AMA membership, credit card payments will show two separate charges equaling the total above, one from MSMS (for MSMS/SCMS dues) and the other from the AMA.

Please email application to jmcramer@sbcglobal.net

Mail to: Saginaw County Medical Society | 350 St. Andrews Road | Ste. 242 | Saginaw, MI 48638-5988
 Questions? Call Joan M. Cramer, Executive Director at (989) 284-8884 (cell) or (989) 790-3590 (office)
www.SaginawCountyMS.com