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Link to 2017 SCMS *Private* Pictorial Membership Directory
http://issuu.com/scmsbulletin/docs/scms_private_issue?e=22909806/33765300

MSMS/SCMS/AMA STUDENT APPLICATION

Please print

Male Female Birth Month ____ Day ____ Year ____ Country of Birth _____

First Name _____ Middle _____ Last _____ Suffix (Jr., II, etc.) _____

Maiden Name (if applicable) _____

Preferred Mailing Address _____ City _____ State ____ Zip _____

Primary email _____ Cell Phone w/area code _____

Medical School **CMU College of Medicine** M1 M2 M3 M4 Expected Completion Year _____

Undergrad College/University _____ City/State _____ Grad Year _____

I hereby apply for student membership in the Michigan State Medical Society (MSMS), Saginaw County Medical Society (SCMS), and American Medical Association (AMA). I certify I am a duly enrolled student at Central Michigan University College of Medicine, and I agree to be governed by the Constitution and Bylaws of MSMS, SCMS and AMA. As part of a physician organization committed to strengthening the ethics of medicine, every MSMS/SCMS/AMA member pledges to uphold the Principles of Medical Ethics as interpreted in the Code of Medical Ethics (<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>), and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council on Ethical and Judicial Affairs (www.ama-assn.org/go/ceja). 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/AMA) to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank.

Signature _____

Date _____, 2018

Dues for 4 Years \$88 ♦ Dues for 3 Years \$74 ♦ Dues for 2 Years \$58 ♦ Dues for 1 Year \$40

Check enclosed, payable to MICHIGAN STATE MEDICAL SOCIETY Check # _____

Visa MasterCard American Express Discover Exp. Date Month ____ Year ____

Card # _____ Name on Card _____

Billing Address _____ City _____ State ____ Zip _____

Authorized Billing Signature _____ Date _____, 2017

Note: Credit card payments will show two separate charges equaling the total above, one portion from MSMS and the other from the AMA.

Please email application and mail check (if applicable) to:
jmcramer@sbcglobal.net • SCMS, 350 St. Andrews Rd., Ste. 242, Saginaw, MI 48638-5988
Questions? Call Joan Cramer, SCMS Executive Director at (989) 790-3590 or (989) 284-8884