



www.MSMS.org



Since 1902

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Link to 2016 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, 2016

Payment options: Dues for 4 Years \$88, 3 Years \$74, 2 Years \$58, 1 Year \$40. Includes fields for check #, card type (Visa, MasterCard, American Express, Discover), card #, name on card, billing address, and authorized billing signature with date.