

Medical Student Membership Application

This application is for membership in the Tennessee Medical Association and the Nashville Academy of Medicine

There is **no cost** for medical student membership either in the County Medical Society or the State Medical Association.

Note: There is a separate membership application and fee to join the American Medical Association.

PERSONAL DATA

First: _____ Middle: _____ Last: _____ MD DO

Male Female Birth Date: _____ SS#: _____

Marital Status: Single Married Maiden Name: _____

Spouse's Name: _____

ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for correspondence)

Primary Office Street/PO Box _____

City/State/Zip _____

Home Street/PO Box _____

City/State/Zip _____

Email: _____ Check here if you prefer e-mail communication

Cell Phone: _____

Consent to Email: YES NO

I understand that by providing my email address and checking "yes" above, I consent to receive emails sent by the Tennessee Medical Association or the Nashville Academy of Medicine

MEDICAL TRAINING

Medical School: Meharry Medical College Vanderbilt University School of Medicine

Specialty Interest Area (if known): _____

Expected Graduation Year: _____

Signature of Applicant

Date

Please remit your completed application to:

The Nashville Academy of Medicine

3301 West End Ave, Suite 100

Nashville, TN 37203

615-712-6236 phone

615-712-6247 facsimile

rlsie@nashvillemedicine.org