

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: _____

Marital Status: Single Married

Maiden Name: _____

Spouse's Name: _____

ADDRESS/COMMUNICATIONS INFORMATION

Home Address 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

University of Tennessee Health Science Center

Specialty Interest Area (if known): _____

Expected Graduation Year: _____

Signature of Applicant

Date

Please remit your completed application to:

The Nashville Academy of Medicine

28 White Bridge Road, Suite 400

Nashville, TN 37205

615-712-6236 phone

615-712-6247 fax

nringenberg@nashvillemedicine.org