



# 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

**[nringenbergnashvillemedicine.org](mailto:nringenbergnashvillemedicine.org)**