

Medical Student Membership Application

When you apply for membership, you agree to the following conditions of membership. If you are not a resident of the United States, you must also agree to the following conditions of membership.

Large empty rounded rectangular box for providing information or a statement.

0. I agree to the following conditions of membership. I understand that my membership is for one year and that I must renew my membership annually. I understand that my membership is for one year and that I must renew my membership annually.

| Year | Month | Day | Time | Location | Notes |
|------|-------|-----|------|----------|-------|
| | | | | | |

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