



Student National Medical Association Official Membership Application

Please notify SNMA of any changes in contact information
202-882-2881 memberinfo@snma.org www.snma.org

<i>Office Use Only</i>		
Member Number	_____	
Circle One:	New	Renewal
Region	_____	Date Rec. _____
Amt. Pd. \$	_____	

Have you previously paid SNMA national dues? _____ Yes (Renewal) _____ No (New Member)

Contact Information

First Name _____ / Middle Initial _____ / Last Name _____ / Suffix _____

Date of Birth (mm/dd/yyyy) _____ / SNMA Chapter ID Number (Medical Schools only) _____ / SNMA College ID Number _____

Street Address _____ / City _____ / State _____ / Zip Code _____

(____) (____) _____ / Telephone #1 _____ / Telephone #2 _____ / E-mail required (print neatly) _____

Educational Status:

Current School/Institution (please no abbreviations) _____ / City, State _____ / Graduation year _____

Current Degree(s) (check all that apply):

B.S. B.A. M.A. M.S. M.P.H. M.B.A. M.D. D.O. Ph.D. J.D. Other(s) (specify) _____

Expected Degree(s) (check all that apply):

B.S. B.A. M.A. M.S. M.P.H. M.B.A. M.D. D.O. Ph.D. J.D. Other(s) (specify) _____

Check all that apply:

Medical student Graduate student Undergraduate/Post-bac student High school student
 Allied health or health professions student Graduate student Licensed physician Resident/Fellow

Membership Fee Schedule (check one only)

Pay national dues only. **Do not** send chapter dues or any other fees with this application. The membership period in the SNMA is for the calendar year, November 16 through November 15.

- Active, 4-year, medical students, residents, fellows, (no partial payments will be accepted).....\$ 100.00
- Active, 1-year continuing, (5+ years; must have paid a prior \$100 membership).....\$ 30.00
- Associate, 1-year undergrad/grad/post-bac student.....\$ 25.00
- Associate, 2-year undergrad/grad/post-bac student.....\$ 35.00
- Physician/Patron, 1-year\$ 50.00
- Institution, 1-year\$ 250.00
- Corporate, 1-year\$ 500.00
- Life Member: (Active/Associate).....\$ 300.00
- Life Member: (Physician/Patron).....\$ 600.00

Demographic information (optional)

Payment Options:	Email Required (of payment provider): _____
<input type="checkbox"/> Check: Please make all checks payable to the Student National Medical Association	
<input type="checkbox"/> Credit Card: [] MasterCard [] Visa [] Discover [] American Express	Exp. Date _____
Acct. No.: _____	Security Code _____
Name on Card (print neatly) _____	Signature/Authorization: _____

Age: 17-20 21-25 26-30 31-35 36-40 50+
Race (check one that most identifies you): Black (non-Hispanic) Latino/Hispanic Asian/Pacific Islander
 Native American Caucasian Other (please specify) _____
Gender: M F **Marital Status:** Single Married Divorced

Please read, check, and sign to complete application	
I hereby apply for membership in the Student National Medical Association and understand that I am eligible to continue my membership as long as I remain within the guidelines of the SNMA Constitution and By-Laws. I am submitting the appropriate and required membership dues along with this application to the address shown below.	
Signature _____	Date _____

Please return application and dues to:
SNMA National Headquarters * 5113 Georgia Avenue, NW * Washington, DC 20011 *fax—(202) 882-2886
New Members - Please provide the information requested on the reverse side of this form.
****New Membership dues effective July 1, 2008****



Note: SNMA occasionally sells portions of the SNMA mailing list to our corporate and organizational sponsors.
Revised and effective July 1, 2008.



SNMA New Member Survey

Please assist us in learning more about our members, so that we can better serve you. Complete the information below and return the completed form, along with your membership payment to the SNMA National Headquarters, at the address shown below. Thank you!

SNMA Educational & Professional Demographics

Undergraduates or post-graduates (Associate members): What is your intended area of study? (check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Allopathic Medicine | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> MD(DO)/JD |
| <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> MD(DO)/PhD |
| <input type="checkbox"/> Veterinary Medicine | <input type="checkbox"/> Nursing | <input type="checkbox"/> MD(DO)/MPH |
| <input type="checkbox"/> Alternative/Complementary Aid | <input type="checkbox"/> Public Health | <input type="checkbox"/> MD(DO)/MBA |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Podiatry | <input type="checkbox"/> Optometry | <input type="checkbox"/> Other _____ |

Medical Students: What is your intended specialty?

- | | | |
|---|--|---|
| <input type="checkbox"/> Aerospace Medicine | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Allergy & Immunology | <input type="checkbox"/> General Medicine | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> Basic Science | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hematology/Oncology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Osteopathic Manipulative Therapy |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Internal Medicine | |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Medical Genetics | |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nephrology | |

Physicians and other health/education professionals (Physician/patron, Institutional and Corporate members): Where did you receive your primary professional training?

_____ Medical School (no abbreviations please)

Degree program(s) completed:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> M.A. | <input type="checkbox"/> D.O. |
| <input type="checkbox"/> M.S. | <input type="checkbox"/> Ph.D. |
| <input type="checkbox"/> M.P.H. | <input type="checkbox"/> J.D. |
| <input type="checkbox"/> M.B.A. | <input type="checkbox"/> Other(s) (specify) _____ |
| <input type="checkbox"/> M.D. | |

Are you presently employed? What is your primary activity?

- | | |
|--|---|
| <input type="checkbox"/> Clinical Practice | <input type="checkbox"/> Active Military Duty |
| <input type="checkbox"/> Research | <input type="checkbox"/> Residency/Fellowship |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Retired | |

All Respondents: How did you first learn about the SNMA?

- | | |
|---|---|
| <input type="checkbox"/> Friend/Student/Colleague | <input type="checkbox"/> local chapter event |
| <input type="checkbox"/> National Convention | <input type="checkbox"/> SNMA-sponsored program |
| <input type="checkbox"/> Teacher/School Official | <input type="checkbox"/> Internet search (SNMA website) |
| <input type="checkbox"/> Regional Program | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SNMA Publication | |

Have you ever participated in a medical education "pipeline" program? If so, which of the following?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> YSEP (SNMA) | <input type="checkbox"/> HCOP |
| <input type="checkbox"/> HPREP (SNMA) | <input type="checkbox"/> MMEP |
| <input type="checkbox"/> MAPS (SNMA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PMED (SNMA) | |
| <input type="checkbox"/> SNMA Publication | |