



Oklahoma State Medical Association
American Medical Association

Physicians dedicated to the health of America



Application for Student Membership

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Place of Birth

Mailing address

City

State

Zip

Phone Number

Cell Phone

E-mail address

I, the undersigned applicant, hereby make an application for membership through the Oklahoma State Medical Association, and I certify that I understand fully that membership is a privilege and not a right. If this application is approved and I am accorded the privilege of membership, I hereby agree to abide by the provisions of the OSMA and AMA Constitution and Bylaws. I also understand that student membership applies only while I am classified as a student of medicine.

Signature of Applicant

Date

Four-year dues - \$68.00 less \$40.00 sponsored by the OSMA Foundation: **Total \$28.00**

Please return this application along with your check made payable to the **OSMA** or you may pay with your credit card. We accept Visa, Mastercard, American Express and Discover.

Card no. _____ Expiration date: _____

Three-digit card code: _____ Name on card: _____

Signature: _____

Oklahoma State Medical Association
601 N.W. Grand Blvd., Oklahoma City, OK 73118
Phone: (405) 843-9571 Fax: (405) 842-1834

e-mail: osma@osmaonline.org www.okmed.org