



LACMA

Medical Student Membership Application



Need Help? Call Us at (213) 226-0313.

SECTION ONE DEMOGRAPHIC INFORMATION

Name (First Middle Last)		Gender (Male/Female)	Date of Birth (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>	<input type="text"/>
I am joining LACMA-CMA for (please check all that apply):	<input type="checkbox"/> Networking with other students and physicians	<input type="checkbox"/> Discounts on valuable services	
	<input type="checkbox"/> Support LACMA's and CMA's political/legislative agenda	<input type="checkbox"/> Jury duty assistance	
I was referred to LACMA by (please check all that apply):	<input type="checkbox"/> A fellow medical student / Student's name: _____	<input type="checkbox"/> Chapter recruitment	
	<input type="checkbox"/> Membership solicitation by letter, fax or email	<input type="checkbox"/> Magazine or other advertisement	
		<input type="checkbox"/> LACMA staff member	
		<input type="checkbox"/> Other (please explain): _____	
Languages I speak: _____		My ethnicity is: _____	

SECTION TWO CONTACT INFORMATION

Preferred Mailing Address			
<input type="text"/>		<input type="text"/>	
Street Address 1		Phone (Including Area Code)	
<input type="text"/>		<input type="text"/>	
Street Address 2		Fax (Including Area Code)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	Email Address

SECTION THREE EDUCATION

Medical School	Anticipated Year of Graduation
<input type="text"/>	<input type="text"/>

SECTION FOUR ATTESTATION

IMPORTANT: PLEASE CHECK BEFORE PROCEEDING

The foregoing is true and complete, and I endorse the Principles of Medical Ethics of LACMA-CMA (available at cmanet.org). By providing the fax number and e-mail address on this application, I agree to receive important fax and e-mail communication from the association.

SECTION FIVE MEMBERSHIP DUES & PAYMENT INFORMATION

Membership Type (Please Check One)	
<input type="checkbox"/> LACMA-CMA-AMA membership: \$68	<input type="checkbox"/> LACMA-CMA membership only: \$0
Payment Type (Please Check One)	
<input type="checkbox"/> My check is enclosed for my LACMA-CMA-AMA membership.	<input type="checkbox"/> Please charge my dues as listed above to my credit card.
Card Type (Please Check One)	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	Account Number
<input type="text"/>	Expiration (mm/yyyy)
<input type="text"/>	<input type="text"/>