

# 2019 Student Membership Application

## Applicant Information

Last Name		First Name		Middle	
Previous Name, if any		DOB <u>  </u> / <u>  </u> / <u>  </u>		<input type="radio"/> Male <input type="radio"/> Female	
Local Mailing Address		Home Address			
City/State/Zip					
Primary Phone			Cell Phone		
Email					
Medical School Name				Graduation Year	

Your contact information will be used only by ISMS and its affiliates - ISMS does not sell or share its membership list publicly. To opt out of receiving emails, contact us at [membership@isms.org](mailto:membership@isms.org) or call **800-782-4767, ext. 1900**.

## International Medical Student

Medical School Name	Medical School Address	Graduation Year
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## ISMS Membership

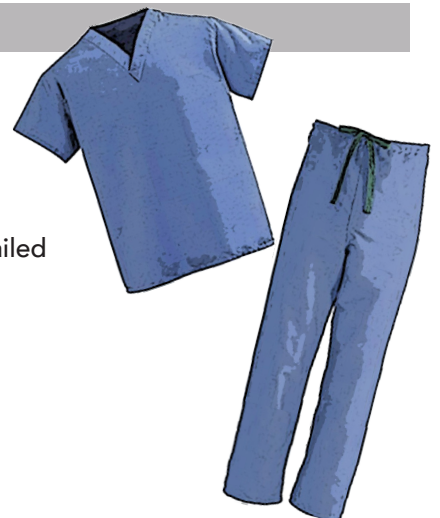
Yes, I would like to join ISMS – free of charge!

First-year students who join for 4 years are eligible to receive a free set of scrubs.

Please indicate your preferred size to receive your gift of medical scrubs. They will be mailed to the address you list above.

Small\*  
  Medium  
  Large  
  XLarge

\*limited quantity of small; will be provided on a first-come, first-served basis.



**ISMS membership now gives you a choice!** This application is for ISMS and the AMA only. If you are interested in complimentary membership in your county medical society, please go to the ISMS website at [www.isms.org/CountyList](http://www.isms.org/CountyList) for a roster of all Illinois county medical societies and their contact information.

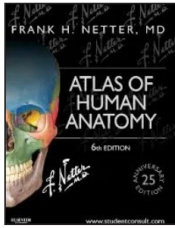
## AMA Membership Information

American Medical Association membership is not required to join ISMS; however, students are encouraged to be actively involved in all levels of organized medicine, including the national level.

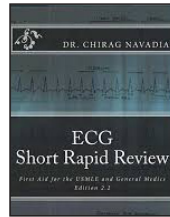
YES! I would like to join the AMA for:  1 year (\$20)  2 years (\$38)  3 years (\$54)  4 years (\$68)

4 year AMA membership incentive (please check one)

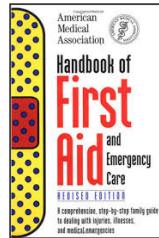
Netters



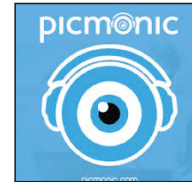
Rapid Review



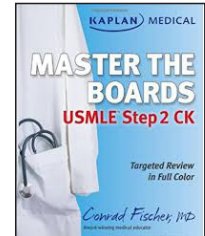
First Aid



Picmonic



 **Bonus Download!**



## Payment Information

All information will be kept secure and confidential.

**Please Check One:**        Check (make payable to *Illinois State Medical Society*)

Total: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV (3 or 4 Digit Security Code): \_\_\_\_\_

CC# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Conditions of Membership and Applications

Members pledge to abide by the ISMS Code of Ethics and Bylaws. Applicants and members must disclose to the ISMS legal division any fraud or felony convictions; actions taken regarding professional licensure, such as any revocation, suspension, probation, limitation, condition, or sanction; or discipline by any medical society or hospital medical staff. The ISMS is required to report certain professional review actions under state or federal law. The ISMS Code of Ethics and Bylaws can be found at [www.isms.org](http://www.isms.org).

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information. I understand that any false or misleading statement made on my application may be grounds for denial of membership in, probation or censure by, or suspension or expulsion from the medical society.

I understand that I will receive my membership materials upon approval of my membership application.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please submit application to:**

Membership Services Department • Illinois State Medical Society • Suite 700, 20 North Michigan Avenue • Chicago, IL 60602

**Fax: 312-782-2023 Email: [membership@isms.org](mailto:membership@isms.org)**