



## Medical Student Section Application

To request membership in the West Virginia State Medical Association's Medical Student Section (WVSMA-MSS), please complete this form and mail it along with a check for dues to: WVSMA P.O. Box 4106 Charleston, WV 25364.

Remember the WVSMA subsidizes an American Medical Association (AMA-MSS) membership for you. By joining WVSMA-MSS you will automatically become an AMA-MSS member. If you have any questions, call Mona Thevenin at (304) 925-0342 ext. 16 or e-mail at [mona@wvsma.com](mailto:mona@wvsma.com).

Name \_\_\_\_\_  
*(full name please, no initials)*

Preferred Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Medical School \_\_\_\_\_

County/State of Residence Upon Entrance to Medical School \_\_\_\_\_

Year of Medical School \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> etc.) Anticipated Year of Graduation \_\_\_\_\_

Spouse's Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Medical Student Section Membership Dues

___	Four-Year Membership	\$68
___	Three-Year Membership	\$54
___	Two-Year Membership	\$38
___	One-Year Membership	\$20