



## PMASC

# MEMBERSHIP APPLICATION

Regular Membership: \$ 50.00/year

Lifetime Membership: \$300.00 (one time payment, OR yearly payments)

Please check One: \_\_\_\_\_ New Member \_\_\_\_\_ Renewal

Total Amount: \$ \_\_\_\_\_

Payable to PMASC

Medical School: Husband: \_\_\_\_\_ Wife \_\_\_\_\_

Member's Name: \_\_\_\_\_

Spouse Name \_\_\_\_\_

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

\_\_\_\_\_

E-Mail : \_\_\_\_\_

C-Phone: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_ Spouse \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Spouse \_\_\_\_\_

Hobbies: \_\_\_\_\_

Please Download form and e- mail to :Secretary sarellamd@hotmail.com

Zelle membership payment to the Treasurer: Babesmd@icloud.com