

Application for Membership
in the
Medical Student Component of the Colorado Medical Society

Name _____
Last First Middle

Home Address _____
Street Apt# City Zip

E-mail Address _____ Phone _____

Male Female Social Security # _____ Spouse Name _____

Birthdate _____ Birth Place _____
Month / Day / Year City / State / Country

Foreign Language(s) Spoken _____

Please List Any Other Graduate Degrees You Have Earned

Full Name of Institution / City / State _____ Degree _____ Month/Year _____

I am a: 1st 2nd 3rd 4th year medical student. I plan to graduate from medical school in _____ Year
Please check one

Colorado Medical Society (CMS) membership dues are complimentary while you are enrolled in medical school. Your Medical Student Component (MSC) society dues are paid for you by the CMS.

The American Medical Association (AMA) will send you a free Steadman's Dictionary if you are a 1st-year medical student and you join as a 4-year student member. The CMS will pay your AMA dues. Do you want to join the AMA? Yes No

Applicant's Signature _____ Date _____

Mail this completed application to:

Colorado Medical Society • P.O. Box 17550 • Denver, CO 80217-0550

Medical Society Use Only

The above named applicant is enrolled in medical school in Colorado. The undersigned officer of the MSC, having fully considered this application and appropriate supporting documents, recommends the following action:

Accepted Rejected

Signature _____ Date _____
President, MSC

Signature _____ Date _____
Membership Coordinator, CMS