



American Medical Society for Sports Medicine Young Student Membership Application

Name Degree(s) Date of Birth(mm/dd/yyyy)

Business Address Line 1 Business Address Line 2

Business City Business State Business Postal Code Country

Business Phone Business Fax Business Website

Home Address

Home City Home State Home Postal Code Country

Home Phone Preferred Email Address

Mailing Address: Business Home Gender: Male Female

Would you like to be on the AMSSMNet listserv? Yes No

If yes, please list email if different than above:

Please indicate t-shirt size: Small Medium Large X-Large XX-Large

Medical School:

City: State:

Degree Pursuing: M.D. D.O.

In Good Standing: Yes No

Year in Medical School: 1st Year 2nd Year 3rd Year 4th Year

Date Began Medical School:

Anticipated Date of Graduation:

Membership in Other Professional Organizations:

INFORMATION ABOUT SPORTS EXPERIENCE AND SPORTS MEDICINE TRAINING

- Participation in Sports:
 - High School
 - College
 - Post Graduate
- Publication in Sports Medicine:
- Research in Sports Medicine:

Please note: 1) this is optional and has no bearing or effort on a member's eligibility for membership or relationship with AMSSM;

2) this information will be added to the member database profile. Ethnic background (check/circle all that apply or fill-in):

African American
Asian American

Hispanic/Latino
White/Anglo American

Native American
Other _____

The candidate hereby states all information contained in this application is true and correct. The candidate understands any false statement contained may result in future revocation, suspension or cancellation of membership issued in reliance upon the accuracy of the information provided. The candidate understands AMSSM may contact any reference listed to verify accuracy of this application.

Signature of Candidate:

Date:

YOUNG STUDENT MEMBERSHIP DUES \$30.00

\$30.00 Young Student Membership Dues (one-time payment (not pro-rated) – Membership valid for duration of Medical Student Status

Check (payable to AMSSM)

Visa

MasterCard

Discover

Name on Credit Card:

Credit Card Number:

Date of Expiration:

Re-enter Credit Card #: