

Rhode Island Medical Society

235 Promenade Street, Suite 500, Providence, Rhode Island 02908
Tel (401) 331-3207 Fax (401) 751-8050 Website www.RImed.org



MEDICAL STUDENT MEMBERSHIP APPLICATION

FULL NAME _____ DATE OF BIRTH _____
FIRST, MIDDLE INITIAL, LAST *MONTH/DAY/ YEAR*

HOME ADDRESS _____

E-MAIL ADDRESS _____ TELEPHONE WITH AREA CODE _____

MEDICAL SCHOOL ALPERT BROWN MEDICAL SCHOOL, PROVIDENCE, RI EXPECTED GRADUATION YEAR _____

ANTICIPATED SPECIALTY _____

RIMS ANNUAL DUES:

MEDICAL STUDENT (NO CHARGE)

ARE YOU A FIRST YEAR MEDICAL STUDENT WHO WOULD LIKE TO PARTICIPATE IN THE RIMS/AMA FOUR YEAR MEMBERSHIP PROGRAM? YES NO
(RIMS WILL SUBSIDIZE FIRST YEAR MEDICAL STUDENTS' WHO JOIN BOTH RIMS AND AMA FOR HALF OF THE AMA FOUR YEAR MEMBERSHIP FEE.)

CREDIT CARD PAYMENT

CREDIT CARD BILL MAILING ADDRESS _____

PHONE NUMBER WITH AREA CODE _____

PLEASE CHECK ONE: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

Signature

Date

Mail your application with your AMA dues payment made payable to RI Medical Society to:

Rhode Island Medical Society
Attn: Membership
235 Promenade Street, Suite 500
Providence, RI 02908

For internal use only:

Approved by the Rhode Island Medical Society on _____ Code _____

SOURCE INITIALS: MET