

# Medical student membership application

American Medical Association  
Maine Medical Association

Complete, sign and return this application on page 1 & indicate your choice of the AMA offer on page 2.

Email to: [lmartin@mainemed.com](mailto:lmartin@mainemed.com) Lisa Martin, Maine Medical Association (207) 622-3374

or Mail to: Maine Medical Association P.O. Box 190 Manchester, ME 04351

Legal last name Legal first name Middle name

Maiden name Suffix

Preferred mailing address where you want your membership materials and JAMA subscription delivered.

City State ZIP

Email address required

University of New England College of Osteopathic Medicine

Phone Medical school Graduation year

Birth date Gender

Birth date

AMA and Maine Medical Association membership, sponsored by Maine Medical Association.

Free

Applicant's signature required\*

Date of application

**Applying for AMA membership:** Membership is contingent upon the American Medical Association's (AMA) acceptance of the membership application. The endorsement, deposit or negotiation of an applicant's check, or processing of a charge to applicant's credit card, does not guarantee admission into or acceptance of membership by the AMA. Checks received will routinely be deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a refund from the AMA for the amount submitted.

AMA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deducted as a business expense. AMA estimates that 60% of your membership dues are allocable to lobbying activities of the AMA, and therefore are not deductible for income tax purposes.

Dues-paying members are eligible for print copies of JAMA. For the 2018 membership year, the allocated cost of \$31 for JAMA is included in, and not deductible from AMA membership dues. All members receive free online access to The JAMA Network®, which brings together JAMA and the 11 specialty journals. In addition, all members are eligible to receive AMA Morning Rounds.

**Conditions of AMA membership and application:** As part of a physician organization committed to strengthening the ethics of medicine, every member pledges to uphold the Principles of Medical Ethics as interpreted in the AMA Code of Medical Ethics, and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council on Ethical and Judicial Affairs.

The AMA Principles and the AMA Code of Medical Ethics may be viewed online at [ama-assn.org/go/codeofmedicalethics](http://ama-assn.org/go/codeofmedicalethics)

The AMA's Bylaws can be found at [ama-assn.org/go/ccb](http://ama-assn.org/go/ccb)

The AMA's Rules of the Council on Ethical and Judicial Affairs can be found at [ama-assn.org/go/ceja](http://ama-assn.org/go/ceja)

Applicants and members are required to disclose to the AMA Office of General Counsel any alleged violations of the Principles of Medical Ethics or unprofessional conduct including actions taken or pending regarding professional licensure, medical staff privileges, or felony or fraud convictions. Additionally, the Health Care Quality Improvement Act requires professional societies (such as the AMA) to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank.

\*By signing this application, the applicant authorizes the release of medical education information by the institution identified above to AMA for purposes of credential verification.

For AMA membership inquiries:

Member Relations Center  
(800) 262-3211

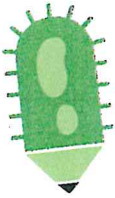
Email: [mssop@ama-assn.org](mailto:mssop@ama-assn.org)



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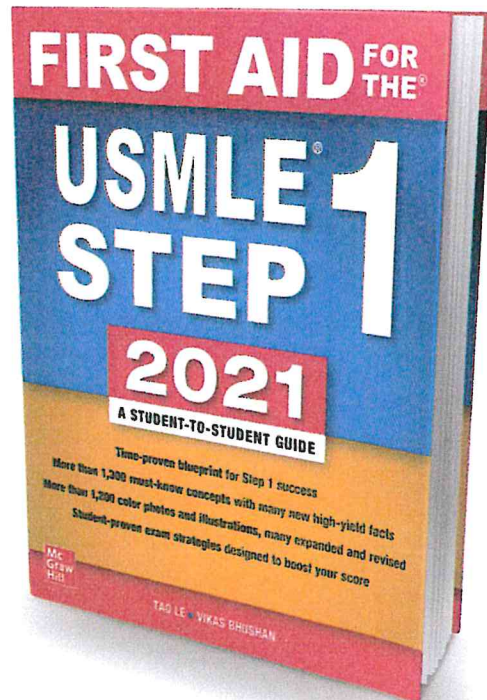
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