

# Nevada State Medical Association

## NSMA MEDICAL STUDENT SECTION Membership

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### Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Medical School: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Application Date

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In order to encourage student participation, membership is available at a special student rate. State dues are \$10. Dues for medical student members of NSMA are reviewed annually and input is requested from this special section.