MEMBERSHIP APPLICATION FORM, SECTION ON MEDICINE

Mission: FAMS is a non-profit educational organization dedicated to the advancement of medicine and science worldwide via the exchange of knowledge and information

Name: ___________________________________________ Title: _____________________________________________
(please print)

Mailing Address: ________________________________________________________________________________
______________________________________________________________________________
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Phone: ___________________________ Fax: ____________________________ E-mail: ____________________________

Affiliation: ______________________________________________________________________________________

Education:
Degree ___________ Year ___________ College or University ____________________________________________
Degree ___________ Year ___________ College or University ____________________________________________

ANNUAL MEMBERSHIP LEVELS:
Leadership: __________________________ $ 1,000.00
Participating: ________________________ $ 200.00
Member at Large ____________________ $ 50.00

Please enroll me as a ___________________ member for the next 12 months.
☐ Check enclosed    ☐ Bill me
☐ Charge my Mastercard ☐ VISA ☐ AMEX

Account No. ___________________________ Expiration date ______________________

Signature __________________________________________________________

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