

amsa : the American Medical
Student Association
premedical chapter at University of California, Berkeley

Local Membership Application: 2006-2007

There are two levels of AMSA membership:

NATIONAL MEMBERSHIP:

Through your involvement in AMSA as a national member, AMSA can support the activities at the local level, as well as lobby Congress for health care reform and develop programs to help premedical students like yourself in their journey to medical school. National membership signups can be found online at <http://www.amsa.org/member/mbrapp.cfm>. Membership fees are \$10 per year. National membership benefits include free subscriptions (nine issues) of *The NewPhysician*, the journal of AMSA, which provides news coverage on a wide range of sociopolitical issues such as debt management, medical education, international health, and AIDS.

LOCAL MEMBERSHIP:

Your local membership helps to support activities such as community outreach events and programs, special speakers, and premed activities through the local chapter. Please complete this form to join AMSA as a local member.

Requirements:

As an AMSA member, we urge you to explore and utilize the many opportunities available in our organization. There is no academic requirement to join AMSA. **Each member is required to attend at least 2 AMSA activities and 2 community service event each semester.**

AMSA @ Cal: Local Application 2006-2007

Name: First _____ M.I. _____ Last _____

Address: _____

_____ State: _____ Zip Code: _____

Phone Number: _____

E-mail: _____ (We will place this on AMSA's mailing list)

Gender: Male / Female

Major: _____ Anticipated Graduation Date: _____

DUES AND FEES*:

1-year membership (\$10)

**Membership fees can be paid at meetings or during AMSA tabling sessions (TBA). Checks can be made out to "AMSA/ASUC".*

Committee: All AMSA members are required to be part of a committee. Please rank the following in order of preference (1=first choice; 4=fourth choice). Committees will be assigned on first-come, first-serve basis:

Issues _____ Community Service _____ Pre-medical Survival Guide _____
Fundraising _____

I have read the above information and hereby agree to all the requirements for AMSA membership.

Signed: _____

Date: _____
