



St. Louis Metropolitan Medical Society

680 Craig Rd., Ste. 308 • Saint Louis, MO 63141-7120

(314) 989-1014 • FAX (314) 989-0560 • www.slmms.org

APPLICATION FOR STUDENT MEMBERSHIP

Male Female

LAST NAME	FIRST	MIDDLE	
SCHOOL ADDRESS - STREET	CITY/STATE	ZIP	PHONE NUMBER
HOME ADDRESS - STREET	CITY/STATE	ZIP	PHONE NUMBER

For mailing please use: school address home address

E-Mail address

Birth _____ Spouse _____
DATE PLACE

Medical Education _____
SCHOOL NAME LOCATION

EXPECTED DEGREE	FROM: MO/YR.	TO: MO/YR
Are you a current AMA member:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current MSMA member:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Within the last 5 years, have you been convicted of a felony crime? Yes No
If yes, please provide full information.

Within the last 5 years, have you been the subject of any disciplinary action by any medical society or hospital staff? Yes No
If yes, please provide full information.

If elected to membership, I agree to conduct myself professionally and personally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the St. Louis Metropolitan Medical Society, their officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

APPLICANT'S SIGNATURE

PLEASE PRINT NAME

DATE

SLMMS membership dues are free of charge to students enrolled in an accredited medical school.