



**Premedical American Medical Student Association**

*The first step to becoming a physician*

<http://ctr.usf.edu/pamsa/>

**PLEASE PRINT CLEARLY**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Email Address \_\_\_\_\_ U# \_\_\_\_\_  
Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ D.O.B. (mm/dd/yyyy) \_\_\_\_\_  
Major \_\_\_\_\_ Class Standing: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior  
Type of Student: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time Anticipated Graduation Date \_\_\_\_\_  
Shirt size: circle one S M L XL  
Members are entitled to receive (at no additional charge) *The New Physician*: \_\_\_\_\_ Yes send me, \_\_\_\_\_ No

**DUES & FEES FOR BOTH USF PREMED AMSA AND NATIONAL AMSA MEMBERSHIP**

**New membership cost \$45**

**Renewal membership cost \$40**

\*Make check/money order payable to *Premed AMSA*

**Please Specify Form of Payment:** \_\_\_\_\_ Cash \_\_\_\_\_ Check (Check # \_\_\_\_\_) \_\_\_\_\_ Money Order

**GENERAL INFORMATION**

How did you hear about Premed AMSA? \_\_\_\_\_

Who are you interested in speaking at our meetings? \_\_\_\_\_

Are you a returning member? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**For Officers Only: Received By** \_\_\_\_\_ **Date:** \_\_\_\_\_