

STUDENT STATEMENT

MEMBER PROFILE	
Name:	Date of Birth:
Address:	
(City, State, Zip)	Medical School: Creighton
Phone:	Year of Graduation:
Email:	

CREDIT CARD PAYMENT
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Exp. Date: _____
Account Number: _____-_____-_____-_____
Signature: X _____
Name as it appears on your card: _____

4 YEAR STUDENT MEMBERSHIP	AMOUNT DUE	AMOUNT PAID
Student Chapter	\$20.00	\$20.00
NMA/ MOMS Dues	\$40.00	\$40.00
AMA Dues	\$68.00	\$68.00
Total	\$128.00	\$ _____

3 YEAR STUDENT MEMBERSHIP	AMOUNT DUE	AMOUNT PAID
Student Chapter	\$15.00	\$ 15.00
NMA/MOMS Dues	\$30.00	\$ 30.00
AMA Dues	\$54.00	\$ 54.00
Total	\$99.00	\$ _____

FOR M2'S ONLY

Make Checks Payable to NMA



Nebraska
Medical
Association

Advocating for Physicians and the Health of all Nebraskans

Nebraska Medical Association
233 South 13th St., Ste. 1200
Lincoln, NE 68508-2091

Please remit this portion with payment

AUGUST 2010

NEBRASKA MEDICAL ASSOCIATION
Student Membership Dues

LIST PAID

TOTAL PAID

DATE: _____

- NMA 4 year _____
- AMA 4 year _____
- Creighton Student Chapter 4 year _____
- NMA 3 year _____
- AMA 3 year _____
- Creighton Student Chapter 3 year _____

- Check No _____
- VISA
- Mastercard
- Online Payment

YOUR COPY



Nebraska Medical Association
233 S. 13th St., Suite 1200
Lincoln, NE 68508
(402)474-4472
christyb@nebmed.org