**Student Membership Application**

**Creighton University**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Profile** | | | | | | | | | | | | | | | | |
| Date: | |  | | |  | | | | | | | | | | |  |
| Last Name: | | |  | | First Name: | |  | | | Middle Name: | |  | | | |
| Pref. Name: | | |  | | Maiden Name: | | | |  | Spouse’s Name: | | |  | | |
| Street: | |  | | | City: |  | | | | State: |  | | Zip: | |  |
| Cell Phone: | | |  | | Home Phone: | | |  | | Email: |  | | | | |
| DOB: |  | | | Female  Male | Medical School: | | | | Creighton | Est. Graduation Date: | | | |  | |
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| **Membership Options**  *\* Please note membership period follows the August-July academic year \** | | | | |
|  | 4-Years | 3-Years | 2-Years | 1-Year |
| AMA | $68.00 | $54.00 | $38.00 | $20.00 |
| Chapter, NMA & MOMS | $60.00 | $45.00 | $30.00 | $15.00 |
| Total | $128.00 | $99.00 | $68.00 | $35.00 |
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| **Payment** | | | | | | | | | | | **Please Remit This Form**  **With Payment To:**  Nebraska Medical Association  233 S. 13th Street, Suite 1200  Lincoln, NE 68508  402-474-4472  meghanj@nebmed.org |
| Check Made Payable to NMA | | | | | | | | | | |
| AMEX | Discover | | | | MasterCard | | | Visa | | |
| Membership Length: | | | |  | | Amount Paid: | | |  |  |
| Account #: | |  | | | | | | | |  |
| Exp. Date: | |  | | | | CSV: |  | | |  |
| Name on Card: | | |  | | | | | | |  |
| Signature: | |  | | | | | | | |  |
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