**Student Membership Application**

**Creighton University**

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| **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 Association233 S. 13th Street, Suite 1200Lincoln, NE 68508402-474-4472meghanj@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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