**RESIDENT/FELLOWSHIP MEMBERSHIP APPLICATION**

Congratulations on your Nebraska match! This is the start of a very rewarding career for you as a physician. While Residency/Fellowship can be challenging, organized medicine plays an essential role in your career. Through your involvement in the NMA and MOMS, you become familiar with health care issues and the environment in which you practice. **Please complete the membership application to become active and make connections beyond your Residency/Fellowship program!**

**\* Free Membership Your First Year of Residency! \***

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| --- | --- | --- | --- | --- |
| **Date of Application:** |       | **License Number:** |       |  |
| **Last Name:** |       | **First Name:** |       | **Middle Name:** |       |  |
| **Maiden Name:** |       | **Preferred Name:** |       | **Spouse Name:** |       |  |
| **Home Address:** |       | **Zip:** |       |  |
| **Home Phone:** |       | **Cell Phone:** |       |  |
| **Email Address:** |       | **DOB:** |       | **Gender:** | **Male** **[ ]**  | **Female** **[ ]**  |  |
| **Medical School:** |       | **Graduation Date:** |       |  |
| **Residency:** |       | **Completion Date:** |       |  |
| **Fellowship:** |       | **Completion Date:** |       |  |
| **Specialty:** |       | **Subspecialty:** |       | **Degree:** |       |  |
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| --- | --- | --- | --- | --- |
|  | **MEMBERSHIP** |  | **PAYMENT** |  |
| Please select membership level: | [ ]  | Check Made Payable to NMA |  |
| [ ]  PGY1 | Free | [ ]  | AMEX | [ ]  | Discover | [ ]  | MasterCard | [ ]  | Visa |  |
| [ ]  PGY2 | $90.00 | Account #: |       |  |
| [ ]  PGY3 | $60.00 | Exp. Date: |       |  |
| [ ]  PGY4 | $30.00 | Name on Card: |       |  |
| \* $30.00 per year \* | Signature: |  |  |
|  |  |  |

***Please Return Application To:***

Nebraska Medical Association

233 S. 13th Street, Suite 1200, Lincoln, NE 68508

Tel: 402-474-4472 • Fax: 402-474-2198

meghanj@nebmed.org