

Association of Native American Medical Students

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ANAMS MEMBERSHIP APPLICATION

Name: _____ Date: _____
 Last First Middle

School Attending: _____ Date of Graduation ____ / ____

Gender: _____ Date of Birth: _____ U.S. Citizen: Yes ____ No ____

Address: _____

Telephone: _____

E-Mail Address: _____

Professional School:

ALLO ____ OSTEO ____ DENT ____ VET ____ OPT ____

PHARM ____ POD ____ PH ____

Tribal Affiliation

Tribe: _____

There will be a one-time collection of dues in the amount of forty dollars (\$40) for 4 years, thirty dollars (\$30) for three years, twenty dollars (\$20) for two years and ten dollars (\$10) for one year upon the approval of an application for membership. If you are a dual degree student (M.D./Ph.D., M.D./M.P.H., M.D./M.B.A., or M.D./J.D.), you only have to pay \$40. May be paid in two installments.

Pay amount: _____

Yes, I would like a T-Shirt _____: My size is: _____

For Office Use Only:

Name of Applicant: _____
Last First Middle

Application Processing Date: _____

CDIB or Document of Tribal Affiliation: _____

Executive Council Approval: _____

Membership Fee: _____ T-Shirt Sent (by) _____

Membership Packet Sent (by) _____

Application Pending Reason:

Application Rejected Reason: