

# San Bernardino County Medical Society

1859 W. Redlands Blvd., Bldg. 7A, Redlands, CA 92373 - T (909) 273-6000 – F (909) 335-4800 – www.sbcms.org



## APPLICATION FOR STUDENT MEMBERSHIP

Send me SBCMS' electronic newsletter:  Y  N

Please type or print; fill in all blanks:

E-MAIL ADDRESS \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EXPECTED GRADUATION DATE FROM LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE \_\_\_\_\_

I certify that I am a student in good standing at Loma Linda University School of Medicine.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Membership Dues

**SBCMS/CMA** → **\$0 - Complimentary!**  
(Student life-time membership)

**If you would like AMA membership, which includes JAMA, please complete section below:**

<input type="radio"/>	<b>Freshman</b>	<b>\$68</b>	<b>AMA Membership</b> (Represents 4 years)
<input type="radio"/>	<b>Sophomore</b>	<b>\$54</b>	<b>AMA Membership</b> (Represents 3 years)
<input type="radio"/>	<b>Junior</b>	<b>\$38</b>	<b>AMA Membership</b> (Represents 2 years)
<input type="radio"/>	<b>Senior</b>	<b>\$20</b>	<b>AMA Membership</b> (Represents 1 year)

**PAYMENT OPTIONS:**  Visa  MC  Check payable to SBCMS

Please bill my student account for AMA membership. Amount to be charged \_\_\_\_\_

**Signature** (required to bill student account) \_\_\_\_\_ **Date** \_\_\_\_\_

**CREDIT CARD INFORMATION** (Payment accepted by telephone – 909.273-6000)

**Amount Charged** \_\_\_\_\_

Name (as imprinted on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Verification Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Billing Address/City/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature (authorization for charged amount): \_\_\_\_\_ Date \_\_\_\_\_