



**SAN BERNARDINO COUNTY  
MEDICAL SOCIETY**

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

## APPLICATION FOR JOINT STUDENT MEMBERSHIP

Send me SBCMS' electronic newsletter:  Y  N

Please type or print; fill in all blanks:

E-MAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

EXPECTED GRADUATION DATE FROM \_\_\_\_\_

I certify that I am a student in good standing at \_\_\_\_\_

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

## SBCMS/CMA Membership Dues - Complimentary! (Student life-time membership)



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

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

PAYMENT OPTIONS:  Visa  MC  American Express  Discover  Check payable to SBCMS

Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT CARD INFORMATION \_\_\_\_\_ Amount Charged \_\_\_\_\_

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

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

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

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

### SELECT YOUR FREE INCENTIVE, AVAILABLE WITH A 4-YEAR AMA MEMBERSHIP:

- First Aid for the USMLE Step 1 (pre-order 2019 Ed)    
  Netter's Anatomy Flash Cards (5<sup>th</sup> Ed)    
  Rapid Review Pathology (5<sup>th</sup> Ed)    
  Picmonic (12 mo. digital subscription)