Maine Medical Association
PO Box 190
Manchester, ME 04351
(207) 622-3374

APPLICATION FOR MEDICAL STUDENT MEMBERSHIP

Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ Gender: _____

Name of Medical School: **Tufts University School of Medicine – Maine Track**

Year Graduating: _____

Mailing Address_____

City, State, Zip: _____

Email Address: _____

Phone Number: _____

If elected to membership, I agree to conduct myself professionally and personally to the principles of medical ethics and to be governed by the Constitutions and By-Laws of the Maine Medical Association

I hereby release, and hold harmless from any liability or loss, the Maine Medical Association, the officers, agents, employees and members, for acts performed in good faith and without malice in connection in evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

_____ _____
SIGNATURE DATE