

2020 Student Membership Application

Applicant Information

Last Name _____ First Name _____ Middle _____
 Previous Name, if any _____ / / Male Female
 DOB mm/dd/yy
 Local Mailing Address _____
 City/State/Zip _____
 Primary Phone _____ Cell Phone _____
 Email _____
 Medical School Name _____ Graduation Year _____

By submitting this application, you are agreeing to receive information from ISMS and its affiliates about the availability of goods, services, membership, and opportunities related to the practice of medicine from ISMS and its affiliates. ISMS does not sell its membership list. To opt out of receiving emails or request restrictions on the use of information, contact us at membership@isms.org or call **800-782-4767, ext. 1900**.

International Medical Student

Medical School Name _____ Medical School Address _____ Graduation Year _____

ISMS Membership

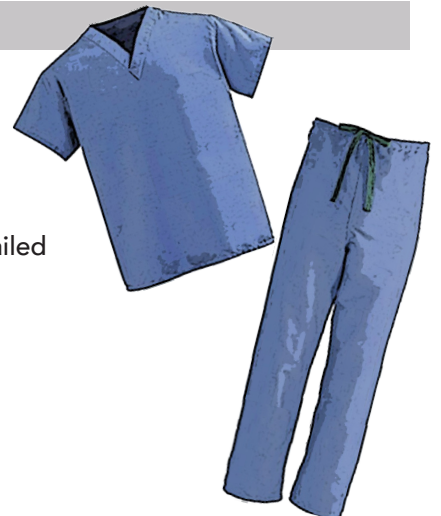
Yes, I would like to join ISMS – free of charge!

First-year students who join for 4 years are eligible to receive a free set of scrubs.

Please indicate your preferred size to receive your gift of medical scrubs. They will be mailed to the address you list above.

Small*
 Medium
 Large
 XLarge

*limited quantity of small; will be provided on a first-come, first-served basis.



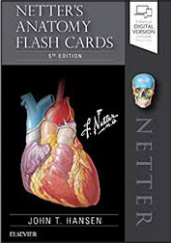
ISMS membership now gives you a choice! This application is for ISMS and the AMA only. If you are interested in complimentary membership in your county medical society, please go to the ISMS website at www.isms.org/CountyList for a roster of all Illinois county medical societies and their contact information.

American Medical Association membership is not required to join ISMS; however, students are encouraged to be actively involved in all levels of organized medicine, including the national level.

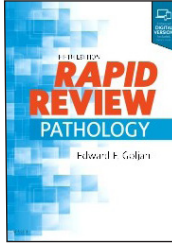
YES! I would like to join the AMA for: 1 year (\$20) 2 years (\$38) 3 years (\$54) 4 years (\$68)

4 year AMA membership incentive (please check one)

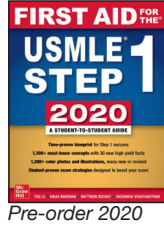
Netter's Anatomy Flash Cards 5th Edition



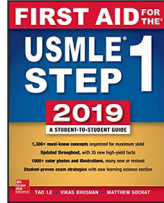
Rapid Review Pathology 5th Edition



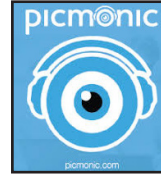
First Aid for the USMLE Step 1



First Aid for the USMLE Step 1




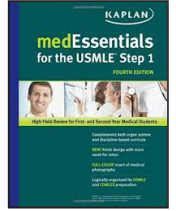
Picmonic Picmonic 12-month digital subscription



SketchyMicro 6-month digital subscription




Bonus Download!
Kaplan medEssentials, 4th Edition, e-Book



Payment Information

All information will be kept secure and confidential.

Please Check One:    Check (make payable to *Illinois State Medical Society*)

Total: \$ _____ Expiration Date: _____ / _____ / _____ CVV (3 or 4 Digit Security Code): _____

CC# _____

Signature: _____ Date: _____ / _____ / _____

Conditions of Membership and Applications

Members pledge to abide by the ISMS Code of Ethics and Bylaws. Applicants and members must disclose to the ISMS legal division any fraud or felony convictions; actions taken regarding professional licensure, such as any revocation, suspension, probation, limitation, condition, or sanction; or discipline by any medical society or hospital medical staff. The ISMS is required to report certain professional review actions under state or federal law. The ISMS Code of Ethics and Bylaws can be found at www.isms.org.

I am aware that information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information. I understand that any false or misleading statement made on my application may be grounds for denial of membership in, probation or censure by, or suspension or expulsion from the medical society.

I understand that I will receive my membership materials upon approval of my membership application.

Signature _____ Date: _____ / _____ / _____

Please submit application to:

Membership Services Department • Illinois State Medical Society • Suite 700, 20 North Michigan Avenue • Chicago, IL 60602

Fax: 312-782-2023 Email: membership@isms.org