

NATIONAL MEDICAL ASSOCIATION APPLICATION

Last Name _____ First _____ Middle _____

Male Female _____ Date of Birth _____

CONTACT INFORMATION

Preferred Mailing Address: Home Office

Home: Address _____
 City _____ State _____ ZIP _____
 Home Phone _____ Mobile Phone _____

Office: Address 1 _____
 Address 2 _____
 City _____ State _____ ZIP _____
 Office Phone _____ Office Fax _____
 Email (Preferred) _____

PROFESSIONAL INFORMATION

Education: Medical School Attended _____

Degree: M.D. D.O. D.P.M. Other (Specify) _____ Year(s) Degree Conferred _____

Practice: Primary Medical Specialty _____ Years In Practice _____ Board Certification _____

Licensure: Number _____ State _____ Expiration _____
 Number _____ State _____ Expiration _____

DUES & PAYMENT INFORMATION (Check One Membership Type Below)

<input type="checkbox"/> Regular Member (Physician/Doctor of Osteopathic Medicine/Podiatrist) \$495	<input type="checkbox"/> Associate \$210
<input type="checkbox"/> First Time Member (Physician/Doctor of Osteopathic Medicine/Podiatrist) \$250	<input type="checkbox"/> Full-time Medical Teaching Faculty
<input type="checkbox"/> First Year in Practice (Physician/Doctor of Osteopathic Medicine/Podiatrist) \$215	<input type="checkbox"/> Non-US. Medical Society
<input type="checkbox"/> Second Year in Practice (Physician/Doctor of Osteopathic Medicine/Podiatrist) \$345	<input type="checkbox"/> Medical Missionary - outside U.S.
<input type="checkbox"/> Active Military Duty (Physician/Doctor of Osteopathic Medicine/Podiatrist) \$255	<input type="checkbox"/> Doctorate/Ph.D. in Medical/Health
<input type="checkbox"/> Resident/Fellow \$40	<input type="checkbox"/> International
<input type="checkbox"/> Medical Student \$20	<input type="checkbox"/> Allied Health Professional
	<i>(specialty)</i> _____

NOTE: Associate members have no voting representation and may not hold office.

Payment: Check enclosed (made payable to National Medical Association)

Credit Card: AMEX Visa MasterCard Discover Diners

Card # _____ Expiration (MM/YY) _____ CVV Code _____
 Name As It Appears On Card _____ Signature _____

COMPLETE AND MAIL TO:

National Medical Association, P.O. Box 418146, Boston, MA 02241-8146 • fax: 301-495-0359 • NMAnet.org
 QUESTIONS? Call 800-NMA-0554 (800-662-0554) • NMA Membership Period is for the calendar year Jan. 1-Dec. 31.



The Mission of the National Medical Association

To advance the art and science of medicine for people of African descent through education, advocacy, and health policy to promote health and wellness, eliminate health disparities, and sustain physician viability.

NMA INFORMATION

NMA State Society _____
 NMA Local Society _____

Your Professional Status (Check One):

- Clinical Practice
- Administration
- Research
- Retired
- Full-time Teacher (in recognized medical institution)
- Medical missionary work or teaching outside U.S.
- Other

Your Primary NMA Medical Section (Check One):

- Aerospace, Military, and Occupational Medicine
- Allergy, immunology, and Asthma
- Anesthesiology
- Basic Science
- Community Medicine and Public Health
- Dermatology
- Emergency Medicine
- Family Practice
- Internal Medicine
- Medical Administrators
- Neurology/Neurosurgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic and Reconstructive Surgery
- Podiatry
- Postgraduate Physicians
- Psychiatry and the Behavioral Sciences
- Radiology
- Surgery
- Urology
- Women's Health

NMA MEMBERSHIP CATEGORIES

REGULAR MEMBERSHIP

is open to all Physicians, NPMA/Podiatrists, and Doctors of Osteopathic Medicine (D.O.) licensed to practice medicine in any state or territory of the United States and in the District of Columbia.

FIRST YEAR IN PRACTICE

is open to all Physicians, NPMA/Podiatrists and Doctors of Osteopathic Medicine (D.O.) in their first year of practice and who are licensed to practice medicine in any state or territory of the United States and in the District of Columbia.

SECOND YEAR IN PRACTICE

is open to all Physicians, NPMA/Podiatrists, and Doctors of Osteopathic Medicine (D.O.) in their second year of practice and who are licensed to practice medicine in any state or territory of the United States and in the District of Columbia.

ACTIVE MILITARY DUTY

is open to all physicians, Doctors of Osteopathic Medicine and NPMA/Podiatrists who are currently serving in the military or on active reserve duty.

ASSOCIATE MEMBERSHIP

- 1) physicians who are members of chartered medical organizations in non-U.S. countries
- 2) U.S. physicians who are located in foreign countries engaged in medical missionary work
- 3) physicians and non-physicians engaged full-time in academic teaching in an accredited medical school and not engaged in clinical practice
- 4) licensed professionals who are considered a part of the allied health profession such as physician assistants, nurses, pharmacists, and radiologists

RESIDENT/FELLOW MEMBERSHIP

is open to all physicians currently in a resident program

MEDICAL STUDENT MEMBERSHIP

is open to students duly matriculated in an accredited medical school.

EMERITUS MEMBERSHIP

is for members in good standing for 20 consecutive years and have reached the age of 70 or are completely disabled, upon application to the Executive Director and approval by the House of Delegates.

NMA Membership Period is based on a calendar year: January 1 – December 31

Membership Dues are Not Refundable



Historical Manifesto

“Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of the American environment, the National Medical Association has for its object the banding together for mutual cooperation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of medicine, surgery, pharmacy and dentistry.”

– C.V. Roman, M.D. NMA Founding Member
and First Editor of the *JNMA* 1908

Vision Statement

The conscience of society for quality and parity healthcare.

The Mission of the National Medical Association

To advance the art and science of medicine for people of African descent through education, advocacy, and health policy to promote health and wellness, eliminate health disparities, and sustain physician viability.