



"A Student Organization at the University of Miami"

AMERICAN MEDICAL STUDENT ASSOCIATION

University of Miami Premedical Chapter

http://go.to/amsa (305) 284-5176 Ashe 208 premed@medmail.com
Prehealth Office, University of Miami P.O. Box 248004 Coral Gables, Florida 33124

Name: Last First Middle Today's Date:

E-mail Address(es):

Home Address: Birth Date:

City State Zip Code Gender: Male /Female

Phone: () Expected Grad Date: Student ID#:

Local Address: (Indicate room and then tower)

Hecht Mahoney
Stanford Pearson
Eaton On-Campus Apt

Off-Campus:

City State Zip Code

Local Phone: () Major(s)/ Minor(s):

Indicate Date of Test(s) Planned to Take:

MCAT DAT VCAT GRE Other, specify test(s):

Year in School (Check all that apply):

Freshman Sophomore Junior Senior Transfer Post-bac

AMSA UM Premed Standing Committees (List in order of preference):

Publicity Speakers Resource
Fundraising Activities
Volunteer Web site
Physician Shadowing Other

AMSA UM PREMED MEMBERSHIP DUES (Pick ONE for Local Chapter Dues):

4-year (\$35) 3-year (\$25) 2-year (\$20) 1-year (\$10)

FORM OF PAYMENT:

Check (make checks payable to AMSA UM Premed) Cash

- Please bring checks or cash payments to the Prehealth Office in Ashe 208
Or mail checks with this completed application to address listed at top of this application

- Once you become a member, join us at <http://courses.miami.edu/courses/AMSAPremed>