

2011 Membership Application

WEBPDF

Activate your AMA membership today. Call: (800) 262-3211	The AMA provides timely news, information about AMA products and services, and other communications targeted to meet the needs of physicians. To receive these communications, please add or update your e-mail address below.
Mail: American Medical Association PO Box 4198 Carol Stream, IL 60197-9788	First name (please print) Middle initial Last name
Online:	Preferred professional mailing address (☐ Home ☐ Office or ☐ Both)
www.ama-assn.org	City State ZIP
	Office phone Fax
	Outreach recruiter name (if applicable)
Membership categories and dues rates Physician	Method of payment (see rate chart on left) ☐ Check (Please make your check payable to: American Medical Association) ☐ Please charge my: ☐ Visa ☐ MasterCard ☐ American Express
□ \$315 Second year in medical practice □ \$210 First year in medical practice	Please check credit card payment method below:
\$280 Military/government service (If military, please indicate the branch of service above)	Let us remember for you—choose automatic renewal. Select automatic renewal and your membership will be reactivated yearly—no more paper dues notices will be sent. To enroll, select option 1 or 2. To enjoy a single year membership, select option 3. Options 1 and 2 available to regular, young, military, semi-retired, and fully retired membership categories.
\$210 Semi-retired (65 and over, working 1–20 hours a week)	
\$84 Fully retired (Age notwithstanding—working 0 hours)	
Intern/resident/fellow	Option 3 available to all. (See back for terms and conditions of automatic renewal authorization.*)
S45 One-year membership	
Up to 12.5% multi-year discount: ☐ \$80 Two-year membership ☐ \$120 Three-year membership ☐ \$160 Four-year membership	 □ 1. Single payment with automatic renewal □ 2. Installment payments with automatic renewal □ 3. Single payment without automatic renewal
Medical student ☐ \$20 One-year membership Up to 17% multi-year discount:	By submitting my credit card information, I authorize AMA to charge my credit card for annual AMA membership dues. I represent that the information I provided is accurate and that I have authority to authorize charges to the designated account for the purpose of paying the amounts due. This authorization will continue until I cancel it in writing. (See reverse for terms and conditions for automatic renewal authorization).
 \$38 Two-year membership \$54 Three-year membership \$68 Four-year membership	Signature
International medical student graduates	

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(See back for important information.**)

A physician or medical student who applies for direct membership in the AMA is encouraged to also join his/her state and local medical societies.

Applying for AMA membership: Membership is contingent upon the American Medical Association's (AMA) acceptance of the membership application. The endorsement, deposit or negotiation of an applicant's check does not guarantee admission into or acceptance of membership by the AMA. Checks received will routinely be deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a refund from the AMA for the amount submitted.

AMA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deducted as a business expense. AMA estimates that 65% of your membership dues are allocable to lobbying activities of the AMA, and therefore are not deductible for income tax purposes.

Dues-paying members are eligible for print copies of JAMA and American Medical News. For the 2011 membership year, the allocated costs of \$34 for JAMA and \$14 for American Medical News are included in, and not deductible from AMA membership dues. All members receive free online access to JAMA, American Medical News and the Archives journals. In addition, all members are eligible to receive AMA Morning Rounds.

Conditions of AMA membership and application: As part of a physician organization committed to strengthening the ethics of medicine, every member pledges to uphold the Principles of Medical Ethics as interpreted in the Code of Medical Ethics, and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council of Ethical and Judicial Affairs.

- The AMA Principles and the Code of Medical Ethics may be viewed online at: www.ama-assn.org/go/codeofmedicalethics
- The AMA's Bylaws and Rules of the Council on Ethical and Judicial Affairs are accessible at: www.ama-assn.org/go/ceja

Applicants and members are required to disclose to the AMA Office of General Counsel any violations of the Principles of Medical Ethics or illegal conduct. Additionally, the Health Care Quality Improvement Act requires professional societies (such as the AMA) to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank.

Terms and conditions for automatic renewal authorization:

Monthly installment payments with automatic renewal (available to regular, first year in medical practice*, second year in medical practice*, military, semi-retired, and fully retired membership categories only): Installment

payments begin the month that the membership transaction is made and continue until paid in full by December 31. You will receive a reminder notice each year on or about November 1. Unless you cancel your authorization in writing by December 1 of the year prior (see below), your designated account will be charged 1/12 of the annual membership dues beginning in January of each year.

Annual payment with automatic renewal (available to regular, first year in medical practice*, second year in medical practice*, military, semiretired, and fully retired membership categories only): Your designated account will be charged immediately for the full amount of your annual membership dues. Thereafter, you will receive a reminder notice each year on or about November 1. Your credit card will then be charged on or about January 1 of each year for AMA membership dues unless you cancel your authorization in writing by December 1 of the year prior (see below). If you do not promptly cancel your authorization, your designated account will be charged for the next membership year.

The automatic renewal payment option is not available to medical students, residents or fellows.

The AMA will provide prior written notice of any change in the annual membership dues rate.

*You are in a membership dues category that will transition at the time of renewal (first year in medical practice to second year in medical practice; second year in medical practice to regular practice). Please see the dues rates below during these transition periods.

First year in practice: \$210
Second year in practice: \$315
Page los practice: \$420

• Regular practice: \$420

Cancellation of your automatic renewal authorization must be submitted in one of the following ways:

1. E-mail: msc-AmerMed@ama-assn.org

2. Fax to: (800) 262-3221

3. Mail: AMA Member Relations 515 N State Street, 5th floor

Chicago, IL 60654

**International medical student graduates are eligible for AMA membership upon receiving ECFMG certification (have graduated from an international or U.S. medical school and have taken and passed the USMLE Step 1 and Step 2.) Visit online at: www.ama-assn.org/go/ecfmg

Questions about AMA membership can be directed to AMA Member Relations at (800) 262-3211. Representatives are available 24 hours a day, 7 days a week.