



Name: _____ Degree (s): _____ D.O.B. _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Reason for Joining: _____

Specialty Interests: _____ Gender: M F

Interest Categories:

- | | |
|--|---|
| <input type="checkbox"/> Bioethics & Medical Education | <input type="checkbox"/> Public Health & Environment Medicine |
| <input type="checkbox"/> Emergency & Disaster Medicine | <input type="checkbox"/> Quality Care, Patient Safety, & Best Practices |
| <input type="checkbox"/> Medicine & Medical Subspecialties | <input type="checkbox"/> Surgery and Surgical Subspecialties |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Women's & Children Health |

Other: _____

Communication Preference Opt-In

I authorize SMA to contact me through the following channels

- Text (Urgent Updates, New CME and SMJ Updates)
- Email (Newsletters, Invoices, Promotions)
- Phone
- Mail
- Fax

Education Profile

Medical School: _____

Graduation Date (MM/DD/YYYY Estimate if you're still in school): _____

Joining Members Please Note!

After joining SMA, Medical Students will gain access to the Educational Course Catalog and the *Southern Medical Journal*, the peer reviewed journal of the Southern Medical Association.