Sociedad Medica de Estados Unidos y Mexico

Medical Society of the United States and Mexico

SOLICITUDE DE INGRESO COMO SOCIO
MEMBERSHIP APPLICATION

Last Name / Appellido Paterno | First Name / Appellido Materno | Middle Name / Nombre

Mailing Address Street and Number / Direccion de Domicillo | City / Cuidad | State / Estado | Zip Code

Alternate Address (home or office) / Direccion Alternativa | City / Cuidad | State / Estado | Zip Code

Telephone Number / Numero de Telefono | Alt Telephone Number / Alt Numero de Telefono | Fax Number / Numero de Fax | Email Address

Name of Spouse / Nombre de Conyuge | Medical School / Facultad de Medicina | Degree / Titulo | Graduation Date / Fecha en que recibio titulo

Specialty and other Title / Especialidad y otros titulos | Date of Birth / Feche de Nacimiento

This application endorsed by currentember: _____

Date | Signature of Applicant

Application fee of $10.00 plus Annual Dues of $100.00 should accompany this application. Annual dues billing will be mailed each new calendar year. Please return form, application fee and annual dues to:

Medical Society of the United States and Mexico
PO Box 929
Santa Clara, NM 88026