



Individual Membership Application

Jan. 1 – Dec. 31, 2020

First Name:	Last Name:	
Suffix: (MD, PhD, etc):	Title:	
Organization:	Address:	
City:	State:	Zip Code:
Phone:	Fax:	
Email Address:	Social Media Handles:	
Med School:	Residency:	
Graduation Year MD: Year Residency Completed:	Specialty:	

Premier Membership Check all that apply:

<u>NHMA Leadership Council</u>	<u>Physician</u>	<u>Young Physician (<5yrs from first res/fellowship)</u>	<u>Resident/Fellow/IMG (not licensed)</u>	<u>Health Professional Student</u>
<input type="checkbox"/> > 40 years \$1000	<input type="checkbox"/> 1-year \$200	<input type="checkbox"/> 1-year \$150	<input type="checkbox"/> 1-year \$50	<input type="checkbox"/> 1-year \$20
<input type="checkbox"/> < 40 years \$500	<input type="checkbox"/> 2-year \$360	<input type="checkbox"/> 2-year \$270	<input type="checkbox"/> 2-year \$90	
	<input type="checkbox"/> 3-year \$510	<input type="checkbox"/> 3-year \$380	<input type="checkbox"/> 3-year \$120	

Interest in Participating on Board Committees:

- Membership Committee
- Communications Committee
- Development Committee
- Program/Conference Committee

Interest in Participating in NHMA Programs:

- NHMA Chapter Steering Committee
- NHMA College Health Scholars Program Mentor
- NHMA Medical School Liaisons Program

Basic Membership (Free) (Includes access to newsletter and website only) Check one:

- Physician
- Associate (non-physician)
- Young Physician (less than 5 years out of 1st resident/fellowship training)
- Resident/Fellow/IMG (not licenced)
- Health Professional Student

For Membership payment, click bit.ly/1Ub3KrN or see below

Help us build Hispanic health leadership! Contribute to the National Hispanic Health Foundation Contributions to NHHF are tax deductible. For Credit Card or Online Payment, click bit.ly/1K12ym2 or see below:

- \$2,500
- \$1,000
- \$500
- \$100
- \$50
- Other _____

Credit Card: (Visa, Master Card, Amex)	Card Number:	CV #:
Exp. Date:	Authorized Signature:	

***Mail checks to: NHMA Membership - 1920 L St. NW, Suite 725 - Washington, DC 20036
Phone: 202-628-5895 Email: membership2@nhmamd.org Website: www.nhmamd.org***