

Medical Student Member:.....\$ 0
Undergraduate medical students enrolled at the Oregon Health Sciences University School of Medicine.

Resident Physician Member:\$ 0
Physicians who are engaged in a postgraduate training program in an institution approved for such training by the Council of Medical Education of the AMA or the Committee on Post Doctoral Training of the AOA.

Active 1 Member:.....\$ 75
First Year of **MSMP** Membership for practicing physicians.

Active 2 Member:.....\$170
Second year of membership for practicing physicians.

Active 3 Member:.....\$250
Third year of membership for practicing physicians.

Active Member:\$330
Continuing MSMP membership in the fourth and subsequent years.

Associate Member:\$200
For physicians who are full-time employees of any governmental agency or who are engaged in full-time scientific work in connection with reputable institutions of learning and who receive not more than 10 percent of their total income from the private practice of medicine.

Physician Assistant:
For a physician assistant qualified by education, training, experience and personal character to provide medical services under the direction and supervision of a physician licensed under ORS 677, in active practice and in good standing with the OMB..... \$ 75

Limited Time Practice Member:\$120
Physicians who practice medicine on a compensated basis 20 or fewer hours a week.

Inactive Member:.....\$ 50
Not currently practicing medicine, but not retired.

Retired Member:\$ 50
Fully retired from the practice of medicine.

Practice Manager Member:.....\$ 50
Practice managers who wish to receive the publications of the Society, and assist physicians by serving on committee. Practice managers members may vote on committee matters, but may not vote on matters of policy.

CLASSIFICATION

MEMBERSHIP CLASSIFICATION

(Refer to "Membership Categories") \$ _____

Please make checks payable to MSMP or use

____ VISA _____ MASTERCARD No. _____

Name on Card: _____ Exp.Date _____

Amount Authorized _____ Signature _____

**PHOTOGRAPH
REQUIREMENTS
FOR MEMBERS**

Please submit
a recent black and white glossy
2"x3" photograph of yourself or
email a photo in jpg. format to
msmp@msmp.org."

PLEASE CHECK: Send correspondence to my HOME OFFICE

Fill out and return your application to:
Medical Society of Metropolitan Portland
4380 SW Macadam Ave, Ste. 215, Portland, Oregon 97239 www.msmp.org