

***MEDICAL SOCIETY OF METROPOLITAN PORTLAND
APPLICATION FOR STUDENT MEMBERSHIP***

4380 SW Macadam Ave. Ste. 215

Portland, OR 97239

Phone 503-222-9977 Fax 503-222-3164

www.msmp.org

Name: _____

Date of Birth: _____

Spouse Name (optional): _____

Street: _____

City, State & Zip: _____

Phone: _____

Anticipated Year of Graduation: _____

OHSU email: _____

I hereby apply for membership in the Medical Society of Metropolitan Portland and agree to abide by its bylaws and the principles of medical ethics.

Signature

Date of Application

There is no student membership fee.

For information about MSMP activities and opportunities, please call Amanda Borges at 503-944-1138 or e-mail Amanda@msmp.org. Your student representative is Evan Los.

Please list any topics or issues you would like MSMP to consider on behalf of medical students:

Please fax to MSMP at 503-222-3164