



**Menonite
Medical
Association**

**APPLICATION FOR MMA MEMBERSHIP
(Please type or print)**

1. Full Name: _____ Degree: _____ Phone: _____
 2. Current Address: _____
City/Zip: _____ E-mail: _____
 3. Permanent Address: (if different) _____
 4. Place of Birth: _____ Date of Birth: _____ Marital Status (Spouse Name): _____
 5. College Attended: _____ Graduation Year: _____ Degree: _____
 6. Graduate School: _____ Graduation Year: _____
 7. Profession: _____ Years: _____
 8. Internships/Residencies: _____ Years: _____
 9. Specialty: _____ Specialty Board Status: _____
 10. Hospital Staff Appointments: _____
 11. Church/Congregation: _____ Conference: _____
 12. Special Service Record:
Any previous MCC or Mission Board related service; Relief work, VS, 1-W, SET etc
Experience: _____ When _____
 13. Personal Reference (Pastor or Current Member of MMA preferred)
Name: _____ Email: _____
Address: _____ Phone: _____
 14. Suggested Annual Dues Levels: MMA year is June 1 to May 31.)
- Annual Dues assessment: Invoices mailed in August.
Regular Members: \$150. (First 2 years of practice or first year of MMA membership: \$75)
Students: \$25. (First year of membership: FREE!) Residents: \$40.
Sustaining Members: \$350. Retired Members: \$40.
- Additional Donation Opportunities Offered:
Mobilization For Mission (Student Elective Term etc.) Steven Roth Fund.
 15. I am in harmony with the purposes and standards of the MMA as outlined in the Constitution and the Statement of Faith of Menonite Medical Association.
- Signed _____ Date _____
- Please tell us how you became interested in our organization: _____
- _____

Menonite Medical Association
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E-Mail: sajmma@aol.com, Web Site: www.mennmed.org