



Membership Application

Name

Email

Address

Phone

Gender

Year (circle one) Freshman Sophomore Junior Senior Senior+

Date of Birth (Mo/Day/Year)

Major/Minor

Year Applying to Medical School

Membership Dues (circle one): 1 year - \$90 2 years - \$100 3 years - \$110 4 years - \$120

*** includes National AMSA membership!**

If you did not purchase membership for your remaining years at UCLA, renewals will \$20 per year

Please make checks payable to *UCLA AMSA*

Return this application to an AMSA Officer or mail directly to:

UCLA AMSA, Premed Chapter

UCLA Career Center

Strathmore Building

501 Westwood Plaza

Los Angeles, CA 90095-1573

Please direct any questions regarding membership to: **membership@amsabruins.org**

Web: www.amsabruins.org

Email: amsa@ucla.edu