



STUDENT REGISTRATION



Medical Student Registration

Please supply the following information to claim your free student membership in the Indiana State Medical Association, or visit www.ismanet.org/ISMA/Membership/Student_Registration.aspx

E-mail Vicki Riley at vriley@ismanet.org if you have any questions.

First Name: _____ Middle Initial: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Date of Birth: _____

Campus: _____ Graduation Year: _____