



# 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](http://www.ismanet.org/ISMA/Membership/Student_Registration.aspx)

E-mail Vicki Riley at [vriley@ismanet.org](mailto: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: \_\_\_\_\_