

MEDICAL MUSEUMS ASSOCIATION MEMBERSHIP APPLICATION

New Member Renewal

Date: _____

(The following information will be used to update the online membership directory)

Name/Title _____

Institutional Affiliation _____

Home Address Work Address

City _____ State _____ Zip _____ Country _____

Work Phone _____ Home Phone _____

Fax _____ Email _____

Institutional website _____

My MeMA membership dues are: enclosed paid online through PayPal

Regular \$15.00 (voting members shall be limited to persons who have professional responsibilities for museum collections related to the history of the health sciences)

Associate \$15.00 (non-voting membership shall be open to persons interested in the concerns of the Association, but have no direct responsibilities for collections in the history of the health sciences)

Student \$10.00 (application for student membership must be accompanied by a letter from an academic advisor stating the student’s status)

Total enclosed \$ _____

(US checks payable to Medical Museums Association)

Send payment and completed application to the address below by March 30th :

Cassie Nespor

Melnick Medical Museum
Maag Library, 1 University Plaza
Youngstown State University
Youngstown, OH 44555

memasecretarytreasurer@gmail.com