

**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 30<sup>th</sup> :

Cassie Nespor

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

memasecretarytreasurer@gmail.com