



# 2011 Membership Application

**GUAM MEDICAL  
ASSOCIATION**

**Name:** \_\_\_\_\_  
First Middle Initial Last

## Yes.

I accept your invitation for a full-year membership in the Guam Medical Association.

**Office Address:** \_\_\_\_\_

**Phone:** Home Office Fax

**Cell/Pager** Email

**Mailing Address:** \_\_\_\_\_

**ACTIVE** Member for those with Degrees of MD or DO. \$200.00 CASH \_\_\_\_\_ CHECK \_\_\_\_\_

MEDICAL SCHOOL: \_\_\_\_\_

RESIDENCY: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

BOARD CERTIFICATION: \_\_\_\_\_  
(If Certified)

**ASSOCIATE** Member for those with allied health degrees. 150.00 CASH \_\_\_\_\_ CHECK \_\_\_\_\_

ALLIED HEALTH SCHOOL: \_\_\_\_\_

POSTGRADUATE SCHOOL: \_\_\_\_\_

**SPECIALTY ASSOCIATIONS:** \_\_\_\_\_

Applying for GMA membership: Membership is contingent upon the Guam Medical Association's (GMA) acceptance of the membership application. Active member has voting privileges and is consistent with membership degrees of MD or DO to be a full member of the American Medical Association. Associate member has no voting privileges but are welcome to meetings and functions. The endorsement, deposit or negotiation of an applicant's check does not guarantee admission into or acceptance of membership by the GMA.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CONTACT: Pram Sullivan, Executive Director at 483-6600