

## Membership Application Form

Categories and cost of MeMA membership:

- Regular membership.....\$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 membership.....\$15.00 (nonvoting 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 membership.....\$10.00 (application for student membership must be accompanied by a letter from an academic advisor stating the student's status)

Please return the form below with your check made payable to the Medical Museums Association, payment of membership fees should be by check or money order (US. currency).

The Medical Museums Association does **not** accept credit card payments:

Name \_\_\_\_\_

Title/affiliation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip/code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

Email \_\_\_\_\_

Send to:

Jennifer Nieves MeMA Membership Office Dittrick Museum of Medical History 11000  
Euclid Avenue Cleveland, OH 44106-1714

tel: (216) 368-3648, fax: (216) 368-6421, email: jks4@po.cwru.edu