



Membership Application

Name		Credentials
Title		
Organization Name		
Mailing Address		
City	State	Zip
Phone	Fax	
E-Mail Address		
Home Address (optional)		
City (optional)	State (optional)	Zip (optional)
Home Phone (optional)		
Description of Duties		
Are you a member of the National Association Medical Staff Services? <i>(NAMSS membership information can be found on their web site.)</i>		
What topics would you like to see addressed at MAMSS educational sessions?		
What do you expect to gain from MAMSS membership?		
Applicant's Signature		
Date		

Annual dues are \$40. Remittance should accompany this application. Make check payable to Mississippi Association Medical Staff Services and mail to:

MAMSS Membership
 PO Box 4572
 Jackson, MS 39296-4572