

**MAME**

Michigan Association for Medical Education

**MEMBERSHIP APPLICATION**

If you are interested in membership in MAME, please complete this form legibly and send to:  
***Paul Romanelli, Ph.D. at 810-342-4976 (fax) or email to paulr@mclaren.org***

I am interested in membership as an:

- \_\_\_\_\_ Individual (\$75)
- \_\_\_\_\_ Institution (\$300 - up to five individuals may be named)
- \_\_\_\_\_ Additional person on a new institutional membership (\$50)
- \_\_\_\_\_ Additional person on an existing institutional membership (\$50)

**Contact information of individual requesting membership:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

E-mail Address (mandatory) \_\_\_\_\_

**Institution's contact person to pay invoice if other than above:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

E-mail Address (mandatory) \_\_\_\_\_

**If you are applying for an institutional membership, please list up to five people for the membership and their emails below. Additional people may be added as needed at \$50 each, without completing another application.**

1) Name \_\_\_\_\_ E-mail \_\_\_\_\_

2) Name \_\_\_\_\_ E-mail \_\_\_\_\_

3) Name \_\_\_\_\_ E-mail \_\_\_\_\_

4) Name \_\_\_\_\_ E-mail \_\_\_\_\_

5) Name \_\_\_\_\_ E-mail \_\_\_\_\_