



Edith Irby Jones Chapter of
The University of Arkansas for Medical Sciences

Student National Medical

Association **SNMA**

Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

School Year: M1 M2 M3 M4

Method of Payment: Cash Check (please make check out to
Student National Medical Association)

Dues: \$25 1 year

\$80 4 years

SNMA membership is open to all who wish to make a difference regarding the health and well-being of underrepresented communities. We offer networking and volunteer opportunities throughout the year, which enrich both our members and the community.

In addition to joining the local chapter of the Student National Medical Association, we encourage you to join the national SNMA organization. For more information please visit: <http://www.snma.org/membership.php>