

**PAN AMERICAN MEDICAL SOCIETY
SOCIEDAD MEDICA PANAMERICANA**



APPLICATION FOR MEMBERSHIP - ACTIVE MEMBERS

Name: _____ Country of Birth: _____

Address: Office _____

Home: _____

Telephone: Office: _____ Home: _____

FAX: Office: _____ Home: _____

E-Mail: Office: _____ Home: _____

Languages Spoken: _____

University Attended: _____ Year Graduated: _____

Profession: _____

Degrees: (Earned and Honorary): _____

Specialty: _____ Type of Practice: _____

Hospitals Served: _____

Professional Organizations and Societies: _____

PAMS Sponsors: 1) Carlos Picone
2) Victor Priego

I hereby apply for membership in the Pan American Medical Society and agree to abide by all rules of the Society.

A check for \$!00.00 payment of Y2007 Annual Dues is enclosed.

Signed: _____ Date: _____

I wish all materials to be mailed to my: _____ Office or _____ Home address.

PLEASE RETURN TO: Pan American Medical Society
POBox 4536
Rockville MD 20849