



## Hartford Medical Society Membership Application

UCHC / PO Box 4003 • 263 Farmington Avenue • Farmington, CT 06032

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[hms@uchc.edu](mailto:hms@uchc.edu)

<http://library.uchc.edu/hms/index.html>

### Check the type of membership desired:

#### DUES

Professional, (MD only): \$100 \_\_\_\_\_

Associate, (other than MD): \$50 \_\_\_\_\_

Full-time Student: No charge

#### DONATION

\$25 \_\_\_\_\_

\$50 \_\_\_\_\_

\$75 \_\_\_\_\_

\$100 \_\_\_\_\_

\$250 \_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

e-mail address: \_\_\_\_\_

School attending: \_\_\_\_\_  
(student)