



WAYNE STATE UNIVERSITY

School of Medicine
Alumni Association

MEMBERSHIP:

Become a member today!

Your Membership Supports:

- Scholarships for M1-M4 WSU SOM medical students
- Financial assistance for student related events, outreach programs and organizations; promoting leadership and professional growth
- Marketing and promotion of the Medical Alumni Association at conferences, symposiums and events (booths, ads, signs, give-aways and merchandise)
- Engagement opportunities, offering professional guidance to the current medical students (mentorship, shadowing, dinner with a doc, medical specialty lunches and learning community dinners)

Benefits

- 20 % discount on all WUS SOM Alumni Association merchandise, including apparel and gift items
- Substantial discounts on WSU SOM alumni-sponsored events
- Exclusive gold/silver lapel pin
- 20% discount on Epocrates Subscription
- Shiffman Medical Library Alumni Timesaver
- Discounts and deals on travel, dining, insurance, financial planning and much more!

Graduated WSU SOM or an affiliated residency, fellowship or graduate program between 2013-18:

- | | | |
|---|---|---|
| <input type="checkbox"/> Recent Graduate
One Year Membership- \$30 | <input type="checkbox"/> Recent Graduate
Three Year Membership- \$70 | <input type="checkbox"/> Lifetime Membership- \$1,000
○ Two annual installments of \$500 |
|---|---|---|

Graduated before 2013 or current/past faculty, staff and friends:

- | | | |
|--|---|---|
| <input type="checkbox"/> One Year Membership- \$50 | <input type="checkbox"/> Three Year Membership- \$130 | <input type="checkbox"/> Lifetime Membership- \$1,000
○ Two annual installments of \$500 |
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Current medical student, graduate student, resident or fellow:

- | | | |
|---|---|---|
| <input type="checkbox"/> Current Student - \$25 | <input type="checkbox"/> Current Resident or Fellow- \$30 | <input type="checkbox"/> Lifetime Membership- \$1,000
○ Two annual installments of \$500 |
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Legacy families within the WSU School of Medicine:

- Legacy Membership- \$50 for the first family member, \$25 for each additional member

I wish to pay by check or credit card (please circle):

VISA MASTERCARD DISCOVER AM/EX CHECK ENCLOSED

FULL NAME: _____ EMAIL ADDRESS: _____

CREDIT CARD NUMBER: _____ ZIP CODE: _____ EXP. DATE: _____

Please fill out the following and return to: Office of Alumni Affairs, Wayne State School of Medicine
540 East Canfield, Scott Hall 1369, Detroit, MI 48201; or by fax: (313) 577-0423.

Please contact Nicole Vanbiesbrouck if you have any questions: 313-577-1380, nvanbies@med.wayne.edu