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AMAFH

2021 Financial Hardship Membership Application

Provide email address for delivery of your member benefits

First name Middle initial Last name

Former last name (if applicable)

Preferred professional mailing address (Home Office or Both)

City State ZIP

Office phone Fax

Medical School Graduation Year

Date of birth (to aid in tracking/identification) Military branch of service (if applicable)

Medical Education (ME) Number

Reason for requesting a financial hardship exemption

By signing this application you confirm your acceptance of the Conditions of AMA membership.

Signature

Conditions of AMA membership and application:

As part of a physician organization committed to strengthening the ethics of medicine, every member pledges to uphold the Principles of Medical Ethics as interpreted in the AMA Code of Medical Ethics, and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council on Ethical and Judicial Affairs.

- The AMA Principles and the AMA Code of Medical Ethics can be found at ama-assn.org/code-medical-ethics
The AMA's Bylaws can be found at ama-assn.org/ccb
The AMA's Rules of the Council on Ethical and Judicial Affairs can be found at ama-assn.org/ceja

Applicants and members are required to disclose to the AMA Office of General Counsel any violations of the Principles of Medical Ethics or unprofessional conduct including actions taken or pending regarding professional licensure, medical staff privileges, or felony or fraud convictions. Additionally, the Health Care Quality Improvement Act requires professional societies (such as the AMA) to report certain professional review actions to the National Practitioner Data Bank.