



## Fax: (312) 464-5838

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## **Eligibility requirements:**

An individual will be granted a financial hardship exemption if they are a prior year member and complete and sign the financial hardship application, which includes their acceptance of the conditions of membership. Dues exemptions for financial hardship shall be reviewed annually.

## 2024 Financial Hardship Membership Application

AMAFH

Provide email address for delivery of your member benefits

Middle initial	Last name		
ome 🛛 Office or 🗆	Both)		
		State	ZIP
Fax			
			Graduation Year
Milit	Military branch of service (if applicable)		
	ome Office or Fax	ome  Office or  Both) Fax	ome  Office or  Both) State Fax

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.