



# HMA + Honolulu County Medical Society Membership Application Form

Annual dues include \$679 HMA membership and \$125 county membership.  
All applicants must join both the Hawaii Medical Association and their  
respective County Medical Society.

Terms: \$804 /Year. \* = required information.

First Name\* \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name\* \_\_\_\_\_ Degree/Suffix\* \_\_\_\_\_

Address\* \_\_\_\_\_  
\_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Office Phone\* \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Assistant's Email \_\_\_\_\_

Specialty\* \_\_\_\_\_

Website \_\_\_\_\_

Practice Status:     Active     Inactive

Medical School \_\_\_\_\_ Graduation Year \_\_\_\_\_

*Make checks payable to **Hawaii Medical Association**. Send completed form and payment to:*

*Hawaii Medical Association  
attn: Membership  
1360 South Beretania Street, Suite 200  
Honolulu, HI 96814*