



*The Society for the Advancement of Modeling and Role-Modeling*

**Membership Application/Renewal**

**PLEASE PRINT THIS FORM**

**Name** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
**Home Phone** **E-mail Address**

How do you want to be involved as a member?

**Dues (you may pay by check or by PayPal on our Website):**

\_\_\_\_\_ **Renewal** \_\_\_\_\_ **New**

General Membership: \_\_\_\_\_ \$50/year \_\_\_\_\_ \$100/2 years

Student Membership: \_\_\_\_\_ \$15/year \_\_\_\_\_ \$30/2 years

Would like to donate toward SAMRM Grants or Awards: \$ \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

Complete and mail to:  
Bobbi Hopkins, SAMRM  
11723 E. FM 580  
Kempner, TX 76539

Email form to: [mrmnursingtheory@gmail.com](mailto:mrmnursingtheory@gmail.com)