



*The Society for the Advancement of Modeling and Role-Modeling*  
**Membership Application/Renewal**

**PLEASE PRINT THEN COMPLETE THIS FORM**

Name: \_\_\_\_\_  
Last Name, First Name

Address: \_\_\_\_\_  
Street/Apartment

\_\_\_\_\_  
City, State, Country, Zip Code

Phone: \_\_\_\_\_  
Home Cell

E-mail Address: \_\_\_\_\_

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

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

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

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

Would you like to donate toward SAMRM Grants or Awards?:

\$ \_\_\_\_\_

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

**Complete and mail (with check) to:**

SAMRM  
406 Trailridge Drive  
Cedar Park, TX 78613

**Email scanned/saved form (if paying by PayPal) to:**

mrmnursingtheory@gmail.com