

# Clark County Medical Society

2590 E. Russell Road, Las Vegas, NV 89120  
 Phone: (702) 739-9989 / Fax: (702) 739-6345



## Student Membership Application

Student Type	MD	DO	PA	Application Date			
Name	Last			First		Middle	
Address	Street			City		State	Zip
Phone/email	Home			Cell		Email Address	
Birth Date	MO	DAY	YEAR	Gender	F	M	Foreign Languages

### EDUCATION:

College	Degree

School or College of Medicine:	Graduating Class of:
Touro University College of Osteopathic Medicine	
University of Nevada School of Medicine	

You must email your photo to [ccms@lvcm.com](mailto:ccms@lvcm.com) or stop by the Office to have a photo taken for publication in the County Line Newsletter.

Emailing Photo       Take Photo at CCMS on \_\_\_\_\_

X

APPLICANT'S SIGNATURE (No stamps)

<b>CCMS Use Only:</b>			
Approval Date	<input type="text"/>	e-Photo Receipt Date	<input type="text"/>
		Newsletter Announcement Date	<input type="text"/>