

Mississippi Medical & Surgical Association

Membership Profile

Name _____ Date _____

Specialty _____

Address _____

City _____ State _____ Zip _____

Annual Dues

Physician	\$300.00 _____
Physicians with less than 2 years in practice	\$150.00 _____
Fellow	\$ 25.00 _____
Resident	\$ 20.00 _____
Student	\$ 10.00 _____

Checks Payable to : MMSA
350 W. Woodrow Wilson Drive
Suite 3605
Jackson, MS 39213
(601)613-7825

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