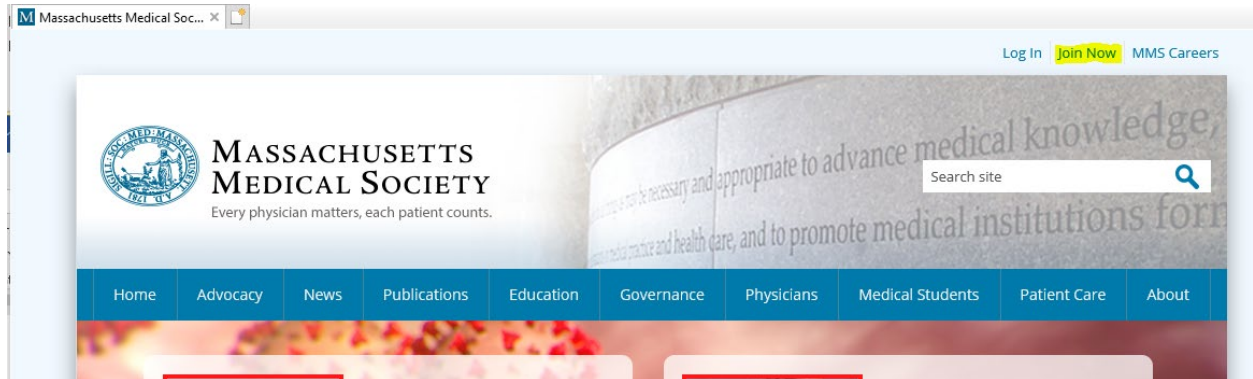


Medical Student Join Process – a screen by screen guide

From the main website (www.massmed.org), click on the “Join Now” link in the upper right hand corner of your screen:



And scroll down to click on the button “Become a Member Today”:

Membership in the MMS is open to physicians who hold a Doctor of Medicine or Doctor of Osteopathy, who have a residence or professional activity in Massachusetts, or who are medical students in Massachusetts.

[Become a Member Today](#)

To Join by Fax or Mail:

- [Download Application – Practicing Physician](#)
- [Download Application – Intern/Resident/Fellow](#)
- [Download Application – Medical Student](#)

Or go to the short-link www.massmed.org/join-student and click on the button “Become a Member Today”:

The screenshot shows the website header with the logo and tagline "Every physician matters, each patient counts." The navigation menu includes Home, Advocacy, News, Publications, Education, Governance, Physicians, Medical Students, Patient Care, and About. The breadcrumb trail is: Home > Medical Students > Getting Involved with MMS and AMA > Membership and Benefits for Medical Students. The main content area features a sidebar with links for Career Advancement and Networking, Scholarships and Financial Resources, and Getting Involved with MMS and AMA. The main heading is "Membership and Benefits for Medical Students" with a "Become a Member Today" button. A text block states: "MMS medical student membership is free to medical students who reside in Massachusetts and are enrolled in an accredited medical school." Below this, it says "Some of the member benefits that MMS Medical Student Members receive are:". To the right, there is a "Choosing a Specialty" section with a "Read More" link and social media share buttons for Facebook and LinkedIn.

Verify that there isn't an account already associated to your email address by entering your email (leave MA Medical License Number and NPI Number fields blank):

The screenshot shows the "Have an Account Already?" form. The header includes the logo and tagline. The navigation menu has Home, My Account, Events, Online CME, Join Online, and Contact Us. The form title is "Have an account already?". Below the title, it says: "Please enter your email address below to see if your record exists in our system. If a match is found and you have forgotten your password, you may request a new one." The form contains three input fields: "Email:" with the value "student@demo.test" and a "Required" label in red; "MA Medical License Number:"; and "NPI Number:". A blue "Search" button is located below the input fields.

If the email address you have entered is not in the database already, you will get this message. Proceed by clicking on “Continue to Register”:



**MASSACHUSETTS
MEDICAL SOCIETY**
Every physician matters, each patient counts.

Home	My Account	Events	Online CME	Join Online	Contact Us
----------------------	----------------------------	------------------------	----------------------------	-----------------------------	----------------------------

Account Search Result

The email address was not found.

No user could be found with this email address. You may try another email address or continue to register a new account now.

[Try Again](#)

[Continue to Register](#)

If an account is found using the email address you entered, you will see this message. Proceed to log into your account using the “Log in now” link, or use the “Forgot Password” link if you have forgotten your password, and proceed to log in:



**MASSACHUSETTS
MEDICAL SOCIETY**
Every physician matters, each patient counts.

Home	My Account	Events	Online CME	Join Online	Contact Us
----------------------	----------------------------	------------------------	----------------------------	-----------------------------	----------------------------

Account Search Result

Record Found

A record was found matching the email address you entered:

Alpha Bravo

s*****@demo.test

[Log in now](#)

[Forgot Password](#)

Upon logging in, you will see the following form, proceed with completing the required fields (first name, last name and functional role):



**MASSACHUSETTS
MEDICAL SOCIETY**
Every physician matters, each patient counts.

- Home
- My Account
- Events
- Online CME
- Join Online
- Contact Us

New User Registration

Any information pre-populated in this form is public information as found in your BRM or NPI file. If this is not your information, hit cancel and re-enter your BRM or NPI number.

Personal Information

First name:
Required

Middle name:

Last name:
Required

Designation:
D.O.
B.A.

Referred By:


Functional role:
Required

MA Medical License

For “Functional Role” you should select “Medical Student” (third option on the drop down list):

Functional role:
Physician (MD or DO only)
Resident Physician/Fellow
Medical Student
Business Professional
Dental Student
Dentist
NPI Number:
Education Professional
Group/Office Manager/Administrator
Health Professional
Legal Professional
Librarian
Medical Technician
Non-Medical Degree
Nurse
Nurse Practitioner
Other
Address Line 1:
Social Worker
Veterinarian
Address line 2:


When you select “Medical Student”, your screen will quickly reset to show just the form fields that are applicable to medical students. Proceed with completing the required form fields.


Prefix: 


First name:
Required


Middle name:


Last name:
Required

Suffix: 


Designation:
D.O.
B.A. 


Ethnicity: 


Gender: 
Required

Birth Date: 
Required

Referred By:

Convicted Felony? 
Required

License Revoked or Suspended? 
Required

Membership Application Denied In Past? 
Required

Birth Date can be typed using the format 00/00/0000 rather than using the pop-up calendar.

Address: At least one address you enter must be a **Massachusetts mailing address** in order to join the Massachusetts Medical Society. If you only enter one address, please be sure it is either your school address or current mailing address in Massachusetts, and not a family home address in another state.

Address Information

Address type:	<input type="text" value="Home"/>
	Required
Address Line 1:	<input type="text" value="123 Main Street"/>
	Required
Address line 2:	<input type="text" value="Address line 2"/>
City:	<input type="text" value="Boston"/>
	Required
State:	<input type="text" value="Massachusetts"/>
	Required
ZIP code:	<input type="text" value="02115"/>
	Required
Organization:	<input type="text" value="Organization"/>
International province:	<input type="text" value="International province"/>

Additional Address Information

Address Type:	<input type="text" value="Please select"/>
Address Line 1:	<input type="text" value="Address Line 1"/>
Address line 2:	<input type="text" value="Address Line 2"/>
City:	<input type="text" value="city"/>
State:	<input type="text" value="Massachusetts"/>

Contact Information

Phone:

Required

Email:

Degree Information

Medical School:

Medical School Graduation Year:

- BOSTON UNIVERSITY SCHOOL OF MEDICINE, BOSTON, MASSACHUSETTS
- COLLEGE OF PHYSICIANS AND SURGEONS, BOSTON
- HARVARD MEDICAL SCHOOL, BOSTON, MASSACHUSETTS
- MASSACHUSETTS COLLEGE OF OSTEOPATHY, BOSTON
- TUFTS MEDICAL CENTER, BOSTON, MASSACHUSETTS
- TUFTS UNIVERSITY SCHOOL OF MEDICINE, BOSTON, MASSACHUSETTS

Start typing your school name...

Degree Information

Medical School:

Medical School Graduation Year:

And select your school from the options provided.

The day and month of your graduation does not need to be exact, but the year does – like the Birth Date field, the date can be typed using the format of 00/00/0000 rather than using the pop up calendar – we generally default to 06/01/20XX (grad year)

Login Information

Your email address is your default username. Enter a unique password in the fields below.

web login:

Password must be 6-14 characters, with at least one letter and one digit.

new password:

Required

confirm new password:

Required

Once you submit your contact information, you will be brought to your membership options. Please select the membership term length that most closely corresponds to your graduation date. For instance, if you are graduating on 2024, you will select the 4 year membership.

Note: if you are in a combined program such as an MD/MBA program, MD/MPH program or MD/PhD program, and will be in school longer than 4 years, please select the 4 year package and we will extend your membership at the four year expiration

AMA Membership – the MMS is pleased to sponsor an American Medical Association membership for you as a medical student member of the MMS for as long as you are an MMS student member; however, if you would like to opt-out of joining the AMA, please click the opt-out check box.



**MASSACHUSETTS
MEDICAL SOCIETY**
Every physician matters, each patient counts.

Home	My Account	Events	Online CME	Join Online	Contact Us
------	------------	--------	------------	-------------	------------

Online Join Membership Packages

Please select your State membership:

- Student Membership 1 Year -- \$0.00
- Student Membership 2 years -- \$0.00
- Student Membership 3 years -- \$0.00
- Student Membership 4 years -- \$0.00

American Medical Association (AMA) Membership (recommended)

Conditions of AMA membership and application

The MMS will fund up to four years of medical student membership (\$68 value) or annual resident/fellow membership (\$45 value) for individuals enrolled in Massachusetts programs. To decline AMA membership, please check the box next to *Opt Out of AMA (American Medical Association) Membership?*

As part of a physician organization committed to strengthening the ethics of medicine, every member pledges to uphold the Principles of Medical Ethics as interpreted in the Code of Medical Ethics, and to comply with the Bylaws of the American Medical Association and the Rules of the AMA Council on Ethical and Judicial Affairs.

[The AMA Principles and the Code of Medical Ethics](#)

[The AMA's Bylaws and Rules of the Council on Ethical and Judicial Affairs](#)

Applicants and members are required to disclose to the AMA Office of General Counsel any alleged violations of the Principles of Medical Ethics or unprofessional conduct including actions taken or pending regarding professional licensure, medical staff privileges, or felony or fraud convictions. Additionally, the Health Care Quality Improvement Act requires professional societies (such as the AMA) to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank.

Opt Out of AMA (American Medical Association) Membership?

Cancel Continue

The Massachusetts Medical Society is comprised of 20 District Medical Societies, each with their own, more local leadership, events and initiatives. Members of the MMS belong to a District Medical Society that is based on the zip code of their home or office/medical school. If you enter more than one address, you may see more than one option for your District Society options. Select the District you would like to join.

The four Massachusetts Medical Schools are located in the following Districts:

Boston University School of Medicine – Suffolk District

Harvard Medical School – Norfolk District

Tufts University School of Medicine -Suffolk District

University of Massachusetts Medical School – Worcester District

Students are strongly encouraged to join the District associated to their medical school. If you don't see your school's District as an option on your screen you can click on "Add Address" and enter your medical schools address as your "office" address, which should then add your school's District to your list of options.



**MASSACHUSETTS
MEDICAL SOCIETY**
Every physician matters, each patient counts.

Home	My Account	Events	Online CME	Join Online	Contact Us
------	------------	--------	------------	-------------	------------

Online Join District Packages

Please select your District membership:

- Suffolk Student Membership 4 years -- \$0.00
Suffolk Student Membership 4 years

Individuals joining the Massachusetts Medical Society are also required to join an MMS District Society associated to either their home or work address. The District Society above is associated with the address you have provided. If you would like to see if you are eligible for other District Medical Societies, please enter additional work or home addresses.

[+ Add Address](#)

[Cancel](#) [Submit](#)

IMPORTANT NOTE ABOUT WORCESTER DISTRICT:

If Worcester is your District, you will see a fee next to the Worcester District Membership Package. This fee will be DISCOUNTED to \$0.00 when you get to the shopping cart, so please **DO NOT be alarmed! Select the membership and proceed to the next screen.**



**MASSACHUSETTS
MEDICAL SOCIETY**
Every physician matters, each patient counts.

Home	My Account	Events	Online CME	Join Online	Contact Us
------	------------	--------	------------	-------------	------------

Online Join District Packages

Please select your District membership:

- Worcester Student Membership 4 Years -- \$40.00
Worcester Student Membership 4 years

This fee WILL BE discounted to \$0.00 on the next screen! Do not be alarmed!

Individuals joining the Massachusetts Medical Society are also required to join an MMS District Society associated to either their home or work address. The District Society above is associated with the address you have provided. If you would like to see if you are eligible for other District Medical Societies, please enter additional work or home addresses.

[+ Add Address](#)

[Cancel](#) [Submit](#)

After you submit your District selection, you will be taken to your shopping cart. Even though membership is free for you as a medical student and the total of your shopping cart is \$0.00, you need to complete the transaction as though you have made a purchase (but no credit card required!)

Verify your Cart total on the screen is \$0.00 and click "Continue".



MASSACHUSETTS
MEDICAL SOCIETY
Every physician matters, each patient counts.

Welcome, you are signed in ([Sign Out](#)) [Cart](#) [My Account](#)

Online Store Shopping Cart

Shopping Cart | [View](#)

[Continue](#)

Cart Line Items [x](#)

net total	discount	price	quantity	item
0.00	0.00	0.00	<input type="text" value="1.00"/> Required	Student Membership 4 Years
0.00	0.00	0.00	<input type="text" value="1.00"/> Required	Suffolk Student Membership 4 Years

Cart Total

Subtotal: 0.00
Total discount: 0.00
Total tax: 0.00
Total shipping: 0.00
Total: 0.00

Discounts

Discount Code: [apply](#)

Click the Apply button to update your price.

If you are applied for discount programs, click this link:

Discounts applied: [Apply Discount Program](#)

[Continue](#)

You will proceed to the next transaction screen – click “Check out”:

Welcome, you are signed in ([Sign Out](#)) [Cart](#) [My Account](#)

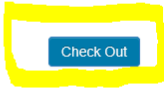


MASSACHUSETTS
MEDICAL SOCIETY
Every physician matters, each patient counts.

- Home
- My Account
- Events
- Online CME
- Join Online
- Contact Us

Online Store Shopping Cart

Shopping Cart | Customer / Billing Information



Customer Information

Customer: **Alpha Bravo**

Use this phone:

Use this email:

Billing Information

Bill to: Bravo, Alpha

Billing contact:

Pick your billing address:

Required

You will proceed to the final transaction screen, where you can again confirm that the “balance due” is \$0.00 and click “Submit Order”

welcome, you are signed in ([Sign Out](#)) [Cart](#) [My Account](#)



MASSACHUSETTS
MEDICAL SOCIETY
Every physician matters, each patient counts.

- Home
- My Account
- Events
- Online CME
- Join Online
- Contact Us

Online Store Shopping Cart

Shopping Cart | Confirm your order

[Edit Customer / Billing Info](#) [Edit Payment](#) [Submit Order](#)

Order is not complete. Press “Submit Order” to complete.

Order Line Items

Item	Quantity	Price	Tax	Shipping	Discount	Net Total	Paid Amount	Balance Due
Student Membership 4 Years	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Suffolk Student Membership 4 Years	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Billing/Shipping Information

Customer name: **Bravo, Alpha**

Billing name: Bravo, Alpha

You will see a confirmation screen of your membership transaction with a confirmation number in green at the bottom of the screen. An email confirmation will also be emailed to you.



MASSACHUSETTS
MEDICAL SOCIETY
Every physician matters, each patient counts.

Welcome, you are signed in ([Sign Out](#)) [Cart](#) [My Account](#)

- Home
- My Account
- Events
- Online CME
- Join Online
- Contact Us

Online Store Shopping Cart

Purchase Details					
Item	Price	Qty	Discount	Tax	Shipping
Student Membership 4 years	0.00	1.00	0.00	0.00	0.00
Suffolk Student Membership 4 years	0.00	1.00	0.00	0.00	0.00

[Continue Shopping](#)

Shopping Cart | Receipt

You may print this page for your records.

[Print this page](#)

Thank you for your order. Your confirmation number is:

667724

Congratulations! You are now a member of the Massachusetts Medical Society!

Please note that your AMA membership will be activated a few weeks after you have joined the MMS.

If you have any issues joining the MMS through the MMS website, you can email the MMS Processing Department at mmsprocessing@mms.org or call 800-322-2303 ext. 7495 to get assistance completing your transaction.