



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania St. #200 • Honolulu, HI 96814 • Ph (808) 536-7702 • Fax (808) 528-2376 •

www.hawaiimedicalassociation.org

Membership Application - 2018



- Yes, I want to apply for membership in the Hawaii Medical Association and my County Medical Society. Please start my membership today.
- Yes, I want Automatic Renewal of my membership in the Hawaii Medical Association and my County Medical Society.
- I am applying for American Medical Association membership. **You can also apply online at www.hawaiimedicalassociation.org**

PERSONAL AND PROFESSIONAL INFORMATION

Name _____
Last First Middle Degree/Credentials (i.e. MD, MPH, FACP)

Gender: M F Correspondence Preference: Office Home Spouse's Name _____

EMAIL: Office _____ Home _____

I wish to receive email from the American Medical Association, including advocacy initiatives, news for physicians, and products & services.

OFFICE Address _____
Street Address Suite # City State Zip

Office Phone _____ Fax _____

HOME Address _____
Street Address Apt # City State Zip

Home Phone _____ Fax _____

Birthdate (mo/day/yr) _____ / _____ / _____ Birth Place (city/state or country) _____

Med. School _____ Location _____ Grad. Year _____

Residency Hospital _____ Location _____

Hawaii License Number _____ Year Licensed _____ Other State Licenses _____

Specialty (Primary) _____ Board Certified Yes No Board Name _____

Specialty (Secondary) _____ Board Certified Yes No Board Name _____

Specialty (Tertiary) _____ Board Certified Yes No Board Name _____

Practice: Solo Group Military Government Employee Administration Teaching/Research Other _____

Business or Agency Name (if applicable) _____

Special instructions for Directory listing (if any) _____

CONDITIONS OF MEMBERSHIP AND APPLICATION

Compliance with the Principles of Medical Ethics as interpreted in the Code of Medical Ethics, the Bylaws of the American Medical Association, and the Rules of the AMA Council on Ethical and Judicial Affairs are conditions of applying for AMA / HMA membership.

- The Principles are a declaration of ethical guidelines, created by the AMA for physicians and are accessible online at: www.ama-assn.org/ama/pub/category/2512.html
- The Code of Medical Ethics may be viewed online at: www.ama-assn.org/ama/pub/category/2498.html
- The AMA's Bylaws are accessible at: www.ama-assn.org/ama/pub/category/13374.html
- The Rules of the Council on Ethical and Judicial Affairs are available at: www.ama-assn.org/ama/pub/category/13375.html

Unless otherwise disclosed to the AMA Office of General Counsel, by submitting your application you confirm you have not:

- been convicted of a fraud or a felony within the last five years;
- had any action taken against you in any jurisdiction within the last five years (or extending to within the last five years) regarding your license to practice medicine (including actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon your license); or
- been the subject of any disciplinary action by any medical society, hospital staff, federal or state government within the last five years.

Membership is contingent upon HMA / AMA acceptance of the membership application. The endorsement, deposit, or negotiation of an applicant's check does not guarantee admission into or acceptance of membership by the HMA / AMA. Checks received will routinely be deposited without a determination of the propriety of the payment or the applicability of the amount. Applicants who are not admitted to membership will receive a refund for the amount submitted.

I am aware that the information submitted in this application will be verified. I hereby authorize other organizations having information relating to this application, including governmental and regulatory entities, to release any and all such information.

I also agree to notify the Hawaii Medical Association and the County Medical Society of any disciplinary actions, adverse decisions, or restrictions placed upon my medical license.

The foregoing information is true and complete and I endorse the AMA Principles of Medical Ethics.

Signature _____ Date _____

The Health Care Quality Improvement Act requires professional societies to report certain professional review actions, including denial of membership, to the National Practitioner Data Bank. Illinois law governs any legal matter relating to membership decisions by the AMA.

2018 HAWAII MEDICAL ASSOCIATION AND COUNTY SOCIETY CATEGORIES AND DUES

All applicants must join both the Hawaii Medical Association and their respective County Medical Society. Former members are asked to reapply after two years of non-member status.

	County:	Honolulu	Hawaii	West Hawaii	Kauai	Maui
	Status					
<input type="checkbox"/>	New Practicing Members / First Time Joining	\$ 476.50	\$ 292	\$ 292	\$ 292	\$ 476
<input type="checkbox"/>	Regular Active Practice	\$ 953	\$ 584	\$ 584	\$ 584	\$ 834
<input type="checkbox"/>	Regular Part-Time (practicing 20 hours/week or less)	\$ 476.50	\$ 292	\$ 292	\$ 292	\$ 476
<input type="checkbox"/>	2nd Year in Membership/Practice	\$ 714.75	\$ 438	\$ 438	\$ 438	\$ 652
<input type="checkbox"/>	3rd Year in Membership/Practice	\$ 875.20	\$ 525	\$ 525	\$ 525	\$ 775
<input type="checkbox"/>	Military / Government	\$ 714.75	\$ 438	\$ 438	\$ 438	\$ 652
<input type="checkbox"/>	Fully Retired	no charge	no charge	no charge	no charge	no charge
<input type="checkbox"/>	Medical Students/ Residents & Fellows	no charge	no charge	no charge	no charge	no charge

First-time members joining after the first half of 2018 (between Jul-Dec) may deduct 50% from the rate shown above. Discounts are also available for second and third year of active practice HMA membership.

HMA estimates that 14.8% of your 2018 HMA dues are not deductible for income tax purposes due to lobbying activities on behalf of members.

Your support of the Hawaii Medical Political Action Committee (HAMPAC) is appreciated. Just add the amount to your total below.

AMA MEMBERSHIP CATEGORIES AND DUES RATES

AMA DUES

- Regular \$ 420
- First Year in Practice \$ 210
- Second Year in Practice \$ 315
- Military \$ 280
- Fully Retired (with publications) \$ 84
- Fully Retired (without publications) \$ 0
- Semi-Retired (part-time, age 65+) \$ 210

Resident/Fellow Membership

- Single-year membership \$ 45
- Three-year membership \$ 120
- Four-year membership \$ 160

Student Membership

- Single-year membership \$ 20
- Two-year membership \$ 38
- Three-year membership \$ 54
- Four-year membership \$ 68

First-time members joining after the first half of 2018 (between Jul-Dec) may deduct 50% from the rates shown.

• AMA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deducted as a business expense. AMA estimates that 65% of your 2018 membership dues are allocable to lobbying activities of the AMA, and therefore are not deductible for income tax purposes.

• Dues paying members are eligible for print copies of JAMA and American Medical News. The allocated cost of \$34 for JAMA and \$14 for American Medical News is included in and not deductible from AMA membership dues. All members receive free online access to JAMA, American Medical News and the Archives.

PAYMENT INFORMATION

The following dues are enclosed with this application:

HMA / County \$ _____

HAMPAC \$ _____
 \$300 (\$200 to HAMPAC, \$100 to AMPAC)
 \$20 for students/residents (\$10 to each)

AMA \$ _____

Total Amount \$ _____

Automatic Renewal Email: _____
 Annually Quarterly

Check payable to HMA Visa MasterCard AMEX

Cardholder Name _____

Card Number _____

Exp. date _____ Statement Address Office Home

Other Address _____

Signature _____

Recruited/Referred by: _____

Automatic Renewals and Installment plans: If you check the automatic renewal box on the membership form, HMA will automatically renew your membership each year using the credit card information provided. HMA will: 1) Charge your card periodically in the time frame noted; 2) Contact you if your credit card has expired or if any difficulties are experienced during process; 3) Send you an electronic receipt via email once your card is charged; 4) Notify you if there is to be a membership dues increase at least 30 days PRIOR TO charging your card. You are welcome to discontinue your automatic renewal at any time by contacting the HMA office at info@hmaonline.org or (808) 536-7702. If you have further questions about the automatic renewal program, please do not hesitate to contact us.

Medical Association dues, except for specific government affairs expenses, may be tax deductible as professional or business expenses to the extent allowable by law. The acceptance of this application and/or dues payment does not constitute approval or acceptance of membership. Applicants who are not accepted will receive a refund.