

# THE C. F. REYNOLDS MEDICAL HISTORY SOCIETY

## MEDICAL STUDENT MEMBERSHIP ADDRESS FORM

2018-2019

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Class: \_\_\_\_\_

2018-2019 DUES (\$10.00) ENCLOSED \_\_\_\_\_

**\*PLEASE MAKE ALL CHECKS PAYABLE TO THE C. F. REYNOLDS MEDICAL HISTORY SOCIETY AND RETURN THEM TO DR. JONATHON ERLN, FALK LIBRARY OF THE HEALTH SCIENCES, 200 SCAIFE HALL, UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA, 15261 OR CALL FOR MORE INFORMATION TO 6488927 or e-mail at [erlen@pitt.edu](mailto:erlen@pitt.edu).**