

AMERICAN OSLER SOCIETY

STUDENT MEMBERSHIP APPLICATION FORM

The American Osler Society has been founded for the purpose of bringing together members of the medical and allied professions who are by their common inspiration, dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness and the ethical example of William Osler (1849-1919). This, for the benefit of succeeding generations, that their motives be ever more sound, that their vision be on ever broadening horizons, and that they sail not as Sir Thomas Browne's Ark, without oars and without rudder and sails and therefore, without direction.

Student Membership Instructions

Please include the following:

1. Completed student membership application form emailed to Renee Ziemer at aosrenee@gmail.com.
2. Statement from applicant as to how they have demonstrated an interest in the principles and values of William Osler and in the history of medicine or the medical humanities.
3. Photograph. High quality jpeg image emailed to Renee Ziemer at aosrenee@gmail.com

APPLICATION MUST BE TYPED

AMERICAN OSLER SOCIETY APPLICATION FOR STUDENT MEMBERSHIP

Student Membership shall be open to undergraduate and graduate students and trainees (residents and fellows) who have demonstrated an interest in the principles and values of William Osler, and in the history of medicine or the medical humanities. No dues or meeting registration fees will be charged until student members have completed their formal training. Student members may become Active Members after completion of their training. Student members may be considered for Fellow Membership at the completion of their training if they have attended one annual meeting at which they have presented a paper or have attended (2) annual meetings. Winners of the William Bennett Bean Award will be inducted automatically as Student Members in the year they present their Bean paper.

Attestation from Applicant:

I have demonstrated an interest in the principles and values of William Osler and in the history of medicine or medical humanities.

Statement from Applicant - Statement from applicant as to how they have demonstrated an interest in the principles and values of William Osler and in the history of medicine or the medical humanities. Limit to space provided.

Name of Applicant: _____
Last
First
Middle

Mailing Address: _____

Email Address: _____

Telephone Number _____ **Date of Birth** _____

Educational History:			
Institution	Major Field	Dates	Degree