



# *Cream City Medical Society*

Undergraduate Chapter of University of Wisconsin-Milwaukee  
Changing & Molding Our Environment.

**Our Mission Statement:** Our mission is to support students, academically, socially, communally and culturally by encouraging and displaying a positive image of the Underrepresented Community's role in the healthcare field. We do this by aiding Cream City Medical Society (CCMS) in improving healthcare among minority population within Milwaukee, WI.

*Please allow 2 to 4 weeks for your membership application to be processed.*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Current Semester:  Fall yr. \_\_  Spring yr. \_\_

\* Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\* City/ State/ Zip Code: \_\_\_\_\_

\*Email Address(s): \_\_\_\_\_

\* Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ \*Gender:  Male  Female

\* Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

*(Please check all that apply)*

\*Membership Classification:  General Body Member  Honorary Member

\*Member's Category:  Student  Community Member

\*Academic Rank:  Freshman  Sophomore  Junior  Senior

\*Name of School or University if not UW-Milwaukee: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Yes, I am interested in being apart of the following areas: *(please see Informational Packet for details)*

- Tutoring/Mentoring  Career Services  Study Sessions  Fellowships w/ Professional Staff & Internships (Hook-Up Program)  Community Outreach  Administrative/Operations  Event Planning  Portfolio Committee  Membership Committee  Community Services  Web Development  Fundraising

\***Membership Dues:** *(I would like to pay my membership dues)* per semester  annually

\***Question:** Why do you want to be a member of CCMS-UG and what are you hoping to contribute to the organization as a member?

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What are your interests, or what area of medicine interests you?

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What school are you in? (Letters and Science, Allied Health, etc.)

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**Membership Classification:** *(I would like to be classified as)*

**General Body Member Requirements:**

- Student, Community Member, Faculty, or Staff a University or College
- Pay a membership due of \$10.00 per semester or \$20.00 annually.
- Submit a CCMS-UG Membership Application.
- Must be approved by CCMS-UG Membership Committee.

**Honorary Member Requirements:**

- Student, Community Member.
- Pay the membership due of \$12.00 per semester or \$24.00 annually.
- Submit a CCMS-UG Membership Application.
- Must be approved by CCMS-UG Membership Committee.

**To maintain active member ship, one must:**

- Attend at least three (4) meetings per semester
- Consistently raise G.P.A.
- Maintain relations with academic advisor(s)

**Applicant's Signature:** \_\_\_\_\_

**Notice:** All CCMS-UG memberships must be renewed at the end of our fiscal year, which is from May 1<sup>st</sup> to Aril 30<sup>th</sup> of each year. All information with a (\*) beside it is required information for application processing. CCMS-UG reversed the right to withhold membership from any individual who does not support the mission of our organization.

| <i>For Office Use Only!</i>   |      |              |                                |               |
|---|------|--------------|--------------------------------|---------------|
| Semester  | Year | Date Entered | Date Processed                 | Staff Initial |
| <b>Fall</b>   |      |              |                                |               |
| <b>Spring</b>   |      |              |                                |               |
| <b>Membership Classification:</b> <input type="checkbox"/> Student <input type="checkbox"/> Community Member                        |      |              |                                |               |
| <b>Membership Dues payment:</b> <input type="checkbox"/> Per Semester <input type="checkbox"/> Annual                               |      |              |                                |               |
| <b>Application Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Completed |      |              |                                |               |
| <b>Renewed Membership</b>   |      |              | <b>Non- Renewed Membership</b> |               |