



T. LEROY JEFFERSON MEDICAL SOCIETY STUDENT REGISTRATION

DIRECTIONS: Please complete all parts of this application.

Date: _____ Name: _____

Age: _____ Male (M)/Female (F): _____ Grade: _____ Email: _____

Career/Specialty Interest: _____

Current School:

Name of Institution

T. Leroy Jefferson Program Participation (current or past):

Areas Interest:

Student Resources

Membership

Events

Health Fair

Career Symposium

Mentorship

Healthy Living

Scholarship

T Leroy Jefferson Medical Society

2015

Student Registration and Media Release Form

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I acknowledge that I am { } over the age of 18
{ } the legal guardian of the following

If legal guardian of individual being photographed or videotaped, please list name(s)below:

Signature: _____

Date: _____

Address: _____
