The National Association of Medical Examiners®
15444 Chinnereth Est, Savannah, MO 64485
660-734-1891 Fax: 888-370-4839 Email: name@thename.org

MEMBERSHIP APPLICATION CHECKLIST MEMBERS

As part of the NAME membership application process, you will be required to upload the following documents:

❒ Copy of your current medical license
❒ Copy of your current curriculum vitae
❒ A signed, recently dated letter of recommendation from a NAME Member or Fellow
❒IMPORTANT: PLEASE USE YOUR PERSONAL EMAIL FOR YOUR MEMBERSHIP APPLICATION

Once you have gathered all required documents, please submit your application through our website. If you have any questions or need assistance, feel free to contact us at tsnethen@thename.org or call (816) 244-5160.

We appreciate your interest in becoming a NAME Member and look forward to reviewing your application!