

**House Staff Association  
Of the  
University of Maryland Medical System**

I (print name) \_\_\_\_\_, hereby authorize the deduction of two dollars per pay period, to be deposited to the account of the House Staff Association of the University of Maryland Medical System.

Department: \_\_\_\_\_

Circle One: intern/ resident / fellow

Post Graduate Year: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_