Society for Academic Emergency Medicine

2017 Membership Application

Contact Information (Please type or print)

*Name (Jonathan A. Smith, MD) ____________________

*Institution Name: ____________________

Office Address : ____________________

City: ____________________ State: ________ Zip Code: ________

*Email: ____________________ Phone Number: ____________________

Home Address : ____________________

City: ____________________ State: ________ Zip Code: ________

Preferred Contact Method: ☐ Mail ☐ Email Gender: ☐ Male ☐ Female

Are you a Current Member: ☐ Yes ☐ No Date of Birth: ____________________

* Required Field

Membership Selection

	Membership	Fee
☐	Faculty	$635.00
☐	Young Physician Year 2	$445.00
☐	Associate	$290.00
☐	Young Physician Year 1	$260.00
☐	Military	$250.00
☐	Resident	$180.00
☐	Fellow	$180.00
☐	Medical Student	$100.00
☐	Emeritus	$100.00

Academy Selection

	Resident or Medical Student	Associate, Fellow, YP1, YP2, Emeritus	Faculty
ADIEM	☐ $25	☐ $50	☐ $100
AEUS	☐ $25	☐ $50	☐ $100
AGEM	☐ $25	☐ $50	☐ $100
AWAEM	☐ $25	☐ $50	☐ $100
CDEM	☐ $25	☐ $50	☐ $100
GEMA	☐ $25	☐ $50	☐ $100
Simulation	☐ $25	☐ $50	☐ $100

Interest Groups *Please select your free interest groups below.*

- ☐ APP Medical Directors
- ☐ Academic Informatics
- ☐ Airway
- ☐ CPR/Ischemia/Reperfusion
- ☐ Critical Care Medicine
- ☐ Disaster Medicine
- ☐ Educational Research
- ☐ Emergency Medicine Pharmacy
- ☐ Emergency Medical Services
- ☐ Evidence Based Healthcare & Implementation
- ☐ Health Services & Outcomes
- ☐ Medical Quality Management
- ☐ Neurologic EM
- ☐ Observational Medicine
- ☐ Operations
- ☐ Palliative Medicine
- ☐ Patient Safety
- ☐ Pediatric EM
- ☐ Public Health
- ☐ Research Directors
- ☐ Sex and Gender in EM
- ☐ Sports Medicine
- ☐ Toxicology
- ☐ Trauma
- ☐ Uniformed Services
- ☐ Wilderness Medicine

I would like to give an additional gift to the SAEM Foundation

☐ $1,000 ☐ $500 ☐ $250 ☐ $100 ☐ Other $ ________

Method of Payment

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover Checks should be made payable to SAEM

Name on Card: ____________________ Total: ________

Card Number: ____________________ Expiration: ________ CVV#: ________

Signature: ____________________

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