



2019 ADD AN ACADEMY/INTEREST GROUP TO YOUR MEMBERSHIP

CONTACT INFORMATION *Please type or print*

*Name (Jonathan A. Smith, MD): _____

*Institution Name: _____

*Primary Email: _____ *Office Phone: _____

Secondary Email: _____ Mobile Phone: _____

*Required Field

ACADEMY SELECTION *Please select your free academy or academies below*

- | | |
|--|---|
| <input type="checkbox"/> Academy for Diversity & Inclusion in Emergency Medicine (ADIEM) | <input type="checkbox"/> Clerkship Directors in Emergency Medicine (CDEM) |
| <input type="checkbox"/> Academy of Emergency Ultrasound (AEUS) | <input type="checkbox"/> Global Emergency Medicine Academy (GEMA) |
| <input type="checkbox"/> Academy of Geriatric Emergency Medicine (AGEM) | <input type="checkbox"/> Simulation Academy |
| <input type="checkbox"/> Academy for Women in Academic Emergency Medicine (AWAEM) | |

INTEREST GROUP SELECTION *Please select your free interest group or groups below*

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Informatics | <input type="checkbox"/> Emergency Medicine Transmissible Infectious Diseases and Epidemics (EMTIDE) | <input type="checkbox"/> Research Directors |
| <input type="checkbox"/> Advanced Practice Provider Medical Directors | <input type="checkbox"/> Evidence-Based Health Care and Implementation | <input type="checkbox"/> Sex and Gender in Emergency Medicine (SGEM) |
| <input type="checkbox"/> Airway | <input type="checkbox"/> Neurologic Emergency Medicine | <input type="checkbox"/> Social Emergency Medicine and Population Health |
| <input type="checkbox"/> Climate Change and Health | <input type="checkbox"/> Observation Medicine | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> CPR/Ischemia/Reperfusion | <input type="checkbox"/> Oncologic Emergencies | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Operations | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Clinical Researchers United Exchange (CRUX) | <input type="checkbox"/> Palliative Medicine | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Disaster Medicine | <input type="checkbox"/> Pediatric Emergency Medicine | <input type="checkbox"/> Uniformed Services |
| <input type="checkbox"/> Educational Research | <input type="checkbox"/> Quality and Safety | <input type="checkbox"/> Wilderness Medicine |
| <input type="checkbox"/> Emergency Medical Services | | |

Thank you for joining an academy or interest group.

PLEASE RETURN THE COMPLETED FORM VIA FAX OR EMAIL



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