



2019 MEMBERSHIP APPLICATION

CONTACT INFORMATION *Please type or print*

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

Preferred Name: _____ Former Name: _____

*Title: _____

*Institution Name: _____

*Office Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Primary Email: _____ *Office Phone: _____

Secondary Email: _____ Mobile Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Academic Rank: Professor Assistant Professor Associate Professor Instructor Other: _____

Graduation Date: _____ Preferred Contact Method: Mail Email

Date of Birth: _____ Gender: Male Female

***Required Field**

MEMBERSHIP CATEGORY

<input type="checkbox"/> Faculty	\$665.00	<input type="checkbox"/> Fellow	\$180.00	<input type="checkbox"/> Associate	\$305.00
<input type="checkbox"/> Young Physician Year 2	\$470.00	<input type="checkbox"/> Resident	\$180.00	<input type="checkbox"/> Military	\$260.00
<input type="checkbox"/> Young Physician Year 1	\$275.00	<input type="checkbox"/> Medical Student	\$ 25.00	<input type="checkbox"/> Emeritus	\$100.00

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		

METHOD OF PAYMENT

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

\$1,000 \$500 \$250 \$100 Other \$ _____

Visa MasterCard Amex Discover Checks should be made payable to SAEM

Name on Card: _____

Card Number: _____ Expiration: _____ CVV#: _____

Signature: _____

Dues: _____ Gift: _____ Total: _____

PLEASE RETURN THE COMPLETED FORM VIA FAX OR EMAIL