

MEMBERSHIP APPLICATION

CONTACT INFORMATION *Please type or print*

*Name: _____

Preferred Name: _____

*Institution Name: _____

University Affiliation (if different from institution): _____

*Office Address: _____

*City: _____

*State: _____ *Zip: _____

*Primary Email: _____

*Office Phone: _____

*Secondary Email: _____

Mobile Phone: _____

*Home Address: _____

*City: _____

*State: _____ *Zip: _____

Preferred Contact Method: _____

Date of Birth: _____

| | | | |
|---|---|---|--|
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander (Native Hawaiian) <input type="checkbox"/> Asian <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Do not wish to disclose | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Gender Fluid/Non-Conforming <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to disclose |
|---|---|---|--|

Pronouns: ☐ He ☐ Him ☐ His ☐ She ☐ Her ☐ Hers ☐ They ☐ Them ☐ Theirs ☐ Zi ☐ Zir ☐ Zirs

MEMBERSHIP CATEGORY

Name of Department Chairperson: _____

Name of Lead Administrator in the ED (if you are the lead, write "Self"): _____

Does your Institution have an Emergency Medicine Residency Program? ☐ Yes ☐ No

Membership Type:

| | | |
|--|-------|--|
| <input type="checkbox"/> Full..... | \$900 | <i>Primary individual that is the administrative lead of an academic emergency medicine department</i> |
| <input type="checkbox"/> Associate.... | \$900 | Individual with administrative role in an academic emergency medicine department, but is not the lead |
| <input type="checkbox"/> Emeritus..... | \$350 | Full Member of AAAEM for at least 5 years and not currently working in an academic emergency medicine department |

Please have your ED Administrative Leader send this application with your resume/CV and to AAAEMmembership@saem.org with you CCed on the message.

MEMBERSHIP APPLICATION

MEMBERSHIP GUIDELINES

Please review the requirements below to determine your membership category. For complete details on member requirements and participation, please refer to [AAAEM's Membership Guidelines](#).

Full Membership Requirements

- Primary individual that is the administrative lead of an emergency medicine academic department including all related components of clinical operations, education and research. The Emergency Department must meet the standard of being an 'Academic' department/division-meaning it should have clinical, teaching and research components and is affiliated with a college or university. Typical titles include: Administrator, Chief Administrative Officer, Director or Senior Director, Vice Chair of Administration, Service Line Director, etc.
- Administrator in Emergency Medicine with a primary reporting relationship to the Chair of the Department/Division
- Preference that the Departments/Divisions Chair is a member of AACEM

Associate Membership Requirements

- Individual with administrative role in an emergency medicine academic department. The Emergency Department must meet the standard of being an 'Academic' department/division-meaning it should have clinical, teaching and research components and is affiliated with a college or university. Typical titles include: Manager, Business Manager, Financial Director, Service Line Administrator or Director, etc.-
- Individuals with a primary reporting relationship to the Chair or Administrator of the Department/Division
- Responsibilities and authorities for potential inclusion:
 - Fiscal operations oversight
 - Academic clinical operations oversight
 - Community clinical site management
 - Administrative staff management
 - Data and reporting management
- Responsibilities and authorities to not be considered for member include
 - Clerical staff
 - Residency coordination
 - Research directors or managers

Emeritus Membership Requirements

- Active AAAEM member for at least five (5) years or made significant contribution to AAAEM
- Not currently working in an academic department of emergency medicine