



2020 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

*Hispanic or Latino: Yes No Do not wish to disclose Date of Birth: _____

*Race: American Indian or Alaska Native Asian Black or African American White Native Hawaii or Other Pacific Islander More than one race Do not wish to disclose

*Gender: Male Female Transgender Male Transgender Female Gender Fluid or Non-Conforming Gender Other Do not wish to disclose

*Required Field

MEMBERSHIP CATEGORY

<input type="checkbox"/> Faculty \$680.00	<input type="checkbox"/> Fellow \$180.00	<input type="checkbox"/> Associate \$310.00
<input type="checkbox"/> Young Physician Year 2 \$480.00	<input type="checkbox"/> Resident \$180.00	<input type="checkbox"/> Military \$265.00
<input type="checkbox"/> Young Physician Year 1 \$280.00	<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"/> Sex and Gender in Emergency Medicine (SGEM)
<input type="checkbox"/> Advanced Practice Provider Medical Directors (APP)	<input type="checkbox"/> Evidence-Based Health Care and Implementation	<input type="checkbox"/> Social Emergency Medicine and Population Health
<input type="checkbox"/> Airway	<input type="checkbox"/> Neurologic Emergency Medicine	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Behavioral and Psychological	<input type="checkbox"/> Observation Medicine	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Climate Change and Health	<input type="checkbox"/> Oncologic Emergencies	<input type="checkbox"/> Toxicology
<input type="checkbox"/> CPR/Ischemia/Reperfusion	<input type="checkbox"/> Operations	<input type="checkbox"/> Trauma
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Uniformed Services
<input type="checkbox"/> Clinical Researchers United Exchange (CRUX)	<input type="checkbox"/> Pediatric Emergency Medicine	<input type="checkbox"/> Vice Chairs
<input type="checkbox"/> Disaster Medicine	<input type="checkbox"/> Quality and Safety	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> Educational Research	<input type="checkbox"/> Research Directors	
<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: _____ Dues: _____

Card Number: _____ Expiration: _____ CVV#: _____

Signature: _____ Gift: _____

Total: _____

PLEASE RETURN THE COMPLETED FORM VIA FAX OR EMAIL