

CONTACT INFORMATION *(Please type or print)*

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

Preferred Name: _____ **Former Name:** _____

***Title:** _____

***Institution Name:** _____

***Office Address:** _____

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

***Primary Email:** _____

***Secondary Email:** _____

Home Address: _____

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

Academic Rank: Professor Assistant Professor Associate Professor Instructor Other _____

Graduation Date: (mo/yr): _____ **Preferred Contact Method:** Mail Email

Yes No Don't wish to disclose

***Hispanic or Latino:** disclose **Date of Birth** (mo/day/yr): _____

***Race:** American Indian or Alaska Native Asian ***Gender:** Male Female
 Black/African American White Transgender Male Transgender Female
 Pacific Islander (Native Hawaii) More than one race Gender Fluid/Non-Conforming Other
 Do not wish to disclose Do not wish to disclose

***Pronouns** He Him His She Her Hers They Them Theirs Ze Zir Zirs

***Required Field**

MEMBERSHIP CATEGORY

Faculty\$765 Resident.....\$200 Associate.....\$350
 Young Physician Year 2.....\$540 Fellow.....\$200 Military.....\$300
 Young Physician Year 1.....\$315 Medical Student.....\$ 25 Emeritus.....\$110

ACADEMY SELECTION *(Select your free Academy/Academies below)*

Academy for Diversity & Inclusion in Emergency Medicine (ADIEM) Clerkship Directors in Emergency Medicine (CDEM)
 Academy of Emergency Ultrasound (AEUS) Global Emergency Medicine Academy (GEMA)
 Academy of Geriatric Emergency Medicine (AGEM) SIMULATION Academy
 Academy for Women in Academic Emergency Medicine (AWAEM)

INTEREST GROUP SELECTION *(Select your preferred Interest Group(s) below)*

Academic Informatics & Data Science Emergency Medicine Transmissible Infectious Diseases & Epidemics (EMTIDE) Research Directors
 Airway Evidence-Based Healthcare & Implementation Sex & Gender in Emergency Medicine (SGEM)
 Behavioral & Psychological Innovation Social Emergency Medicine & Population Health
 Climate Change & Health Neurologic Emergency Medicine Sports Medicine
 CPR/Ischemia/Reperfusion Observation Medicine Telehealth
 Critical Care Oncologic Emergencies Toxicology
 Clinical Researchers' United Exchange (CRUX) Operations Trauma
 Disaster Medicine Palliative Medicine Vice Chairs
 Educational Research Pediatric Emergency Medicine Wilderness Medicine
 Emergency Medical Services Quality & Patient Safety

METHOD OF PAYMENT

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

\$1,000 \$500 \$250 \$100 Other \$ _____ **Gift Total:** \$ _____

Visa Mastercard AMEX Discover **All checks should be made payable to SAEM**

Name on Card: _____ **Total:** \$ _____

Card Number: _____ **Expiration:** _____ **CVV#** _____

Signature: _____