

# 2021 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 ☐ Gender: ☐ Male ☐ Female  
☐ Black or African American ☐ White ☐ Transgender Male ☐ Transgender Female  
☐ Native Hawaii or Other Pacific Islander ☐ More than one race ☐ Gender Fluid or ☐ Other  
☐ Do not wish to disclose ☐ Non-Conforming Gender ☐ 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	<input type="checkbox"/> Sex and Gender in Emergency
<input type="checkbox"/> Advanced Practice Provider Medical	<input type="checkbox"/> Infectious Diseases and Epidemics (EMTIDE)	<input type="checkbox"/> Medicine (SGEM)
<input type="checkbox"/> Directors (APP)	<input type="checkbox"/> Evidence-Based Health Care and	<input type="checkbox"/> Social Emergency Medicine and
<input type="checkbox"/> Airway	<input type="checkbox"/> Implementation	<input type="checkbox"/> Population Health
<input type="checkbox"/> Behavioral and Psychological	<input type="checkbox"/> Neurologic Emergency Medicine	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Climate Change and Health	<input type="checkbox"/> Observation Medicine	<input type="checkbox"/> Telehealth
<input type="checkbox"/> CPR/Ischemia/Reperfusion	<input type="checkbox"/> Oncologic Emergencies	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Operations	<input type="checkbox"/> Trauma
<input type="checkbox"/> Clinical Researchers United Exchange (CRUX)	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Uniformed Services
<input type="checkbox"/> Disaster Medicine	<input type="checkbox"/> Pediatric Emergency Medicine	<input type="checkbox"/> Vice Chairs
<input type="checkbox"/> Educational Research	<input type="checkbox"/> Quality and Safety	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> Research Directors	

## 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: \_\_\_\_\_ Gift: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV#: \_\_\_\_\_