

# MEMBERSHIP APPLICATION

## CONTACT INFORMATION *Please type or print*

\*Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

\*Title: \_\_\_\_\_ \*Institution Name: \_\_\_\_\_

\*Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Resident Graduation Date: \_\_\_\_\_ \*NPI #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race:

☐ American Indian or Alaska Native ☐ Hispanic or Latino ☐ Gender Fluid/Non-Conforming

☐ Black/African American ☐ Middle Eastern or North African ☐ Female ☐ Other

☐ Pacific Islander (Native Hawaiian) ☐ Do not wish to disclose ☐ Transgender Male ☐ Do not wish to disclose

☐ Asian ☐ Transgender Female

☐ White

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

\*Required Field

## MEMBERSHIP CATEGORY

<input type="checkbox"/> Faculty.....\$870	<input type="checkbox"/> Associate.....\$400	<input type="checkbox"/> Associate Pharmacist.....\$400
<input type="checkbox"/> Young Physician Year 1.....\$355	<input type="checkbox"/> Young Physician Year 2.....\$615	<input type="checkbox"/> Fellow.....\$225
<input type="checkbox"/> Resident.....\$225	<input type="checkbox"/> Resident Pharmacist.....\$225	<input type="checkbox"/> Medical Student.....\$25
<input type="checkbox"/> Medical Student Pharmacist.....\$25	<input type="checkbox"/> Military.....\$340	<input type="checkbox"/> Emeritus.....\$130

## 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 Medicine Pharmacists (AEMP)	<input type="checkbox"/> Global Emergency Medicine Academy (GEMA)
<input type="checkbox"/> Academy of Emergency Ultrasound (AEUS)	<input type="checkbox"/> Simulation Academy
<input type="checkbox"/> Academy of Geriatric Emergency Medicine (AGEM)	
<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"/> Airway	<input type="checkbox"/> Informatics, Data Science, and Artificial Intelligence	<input type="checkbox"/> Social Emergency Medicine and Population Health
<input type="checkbox"/> Behavioral and Psychological	<input type="checkbox"/> Innovation	<input type="checkbox"/> Tactical and Law Enforcement
<input type="checkbox"/> Climate Change and Health	<input type="checkbox"/> Neurologic Emergency Medicine	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Clinical Researchers' United Exchange (CRUX)	<input type="checkbox"/> Oncologic Emergencies	<input type="checkbox"/> Toxicology/Addiction Medicine
<input type="checkbox"/> Coaching	<input type="checkbox"/> Operations	<input type="checkbox"/> Transmissible Infectious Diseases (TID)
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Trauma
<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 Patient Safety	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> Research Directors	
<input type="checkbox"/> Evidence-Based Healthcare & Implementation	<input type="checkbox"/> Sex and Gender in Emergency Medicine (SGEM)	

## METHOD OF PAYMENT

I would like to give an additional gift to the SAEM Foundation of: ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other \$ \_\_\_\_\_

☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Name on Card: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV#: \_\_\_\_\_

Signature: \_\_\_\_\_

# MEMBERSHIP APPLICATION