Society for Academic Emergency Medicine

2021 Membership Application

Reset

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

☐ Faculty	$680.00	☐ Fellow	$180.00	☐ Associate	$310.00
☐ Young Physician Year 2	$480.00	☐ Resident	$180.00	☐ Military	$265.00
☐ Young Physician Year 1	$280.00	☐ Medical Student	$ 25.00	☐ Emeritus	$100.00

Academy Selection *Please select your free academy or academies below*

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

Interest Group Selection *Please select your free interest group or groups below*

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

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

Dues:

Gift:

Total: $ 0.00

Name on Card:

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

Signature:

1111 East Touhy Ave., Suite 540 | Des Plaines, IL 60018
Main: 847.813.9823 | Fax: 847.813.5450 | membership@saem.org

PLEASE RETURN THE COMPLETED FORM VIA FAX OR EMAIL