2022 Member-Get-A-Member Membership Application

Society for Academic Emergency Medicine

SAEM Referring Member

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	$700.00	☐ Fellow	$185.00	☐ Associate	$320.00
☐ Young Physician Year 2	$495.00	☐ Resident	$185.00	☐ Military	$275.00
☐ Young Physician Year 1	$290.00	☐ Medical Student	$ 25.00	☐ Emeritus	$105.00

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
☐ 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 $ _____

Dues: _____

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover Checks should be made payable to SAEM

Gift: _____

Name on Card: _____ Total: $ 0.00

Card Number: _____ Expiration: _____ CVV#: _____

Signature: _____

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Main: 847.813.9823 | Fax: 847.813.5450 | blagrimas@saem.org

PLEASE RETURN THE COMPLETED FORM VIA EMAIL TO: BLAGRIMAS@SAEM.ORG