

**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.....\$700.00	<input type="checkbox"/> Fellow.....\$185.00	<input type="checkbox"/> Associate.....\$320.00
<input type="checkbox"/> Young Physician Year 2.....\$495.00	<input type="checkbox"/> Resident.....\$185.00	<input type="checkbox"/> Military.....\$275.00
<input type="checkbox"/> Young Physician Year 1.....\$290.00	<input type="checkbox"/> Medical Student.....\$ 25.00	<input type="checkbox"/> Emeritus.....\$105.00

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

**METHOD OF PAYMENT**

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

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	<input type="checkbox"/> Other \$ _____	Dues: _____
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	Checks should be made payable to SAEM	Gift: _____
Name on Card: _____					Total: \$ 0.00
Card Number: _____		Expiration: _____		CVV#: _____	
Signature: _____					