



2019 MEMBERSHIP APPLICATION

CONTACT INFORMATION *Please type or print*

*Name (Jonathan A. Smith, MD): _____

Preferred Name: _____ Former Name: _____

*Institution Name: _____

University Affiliation (if different from institution): _____

*Office Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Primary Email: _____ *Office Phone: _____

*Secondary Email: _____ Mobile Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Contact Method: Mail Email Date of Birth: _____

*Hispanic or Latino: Yes No Do not wish to disclose *Gender: Male Female

*Race: American Indian or Alaska Native Asian Transgender Male Transgender Female

Black or African American White Gender Fluid or Other

Native Hawaii or Other Pacific Islander More than one race Non-Conforming Gender Do not wish to disclose

Do not wish to disclose

*Required Field

MEMBERSHIP CATEGORY

Name of Department Chairperson: _____

Does your institution have an Emergency Medicine Residency Program? Yes No

Membership Type:

Full \$495 Primary individual that is the administrative lead of an academic emergency medicine department

Associate \$495 Individual with administrative role in an academic emergency medicine academic department, but is not the lead

Emeritus \$150 Full member of AAAEM for at least 5 years and not currently working in an academic emergency medicine department

Are you interested in learning more about the Certificate in Academic Emergency Medicine Administration (CAEMA) program?

Yes No

ACADEMY SELECTION *Please select your free academy or academies below*

Academy for Diversity & Inclusion in Emergency Medicine (ADIEM) Clerkship Directors in Emergency Medicine (CDEM)

Academy of Emergency Ultrasound (AEUS) Global Emergency Medicine Academy (GEMA)

Academy of Geriatric Emergency Medicine (AGEM) Simulation Academy

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 Medicine | <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 | | |

Please return your completed application to aaaemmembership@saem.org