

# MEMBERSHIP APPLICATION

## CONTACT INFORMATION *Please type or print*

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

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

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

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

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

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

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

Graduation Date: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Professor   
  Assistant Professor   
  Associate Professor   
  Instructor   
  Other \_\_\_\_\_

\*Race:  American Indian or Alaska Native     Black/African American     Pacific Islander (Native Hawaiian)     Asian     White

More than one race   
  Do not wish to disclose

\*Hispanic or Latino?  Yes     No     Do not wish to disclose

\*Gender:  Male     Female     Transgender Male     Transgender Female

Gender Fluid/Non-Conforming   
  Other   
  Do not wish to disclose

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

\*Required Field

## MEMBERSHIP CATEGORY

<input type="checkbox"/> Faculty.....\$790	<input type="checkbox"/> Associate.....\$360	<input type="checkbox"/> Associate Pharmacist.....\$360
<input type="checkbox"/> Young Physician Year 1.....\$325	<input type="checkbox"/> Young Physician Year 2.....\$555	<input type="checkbox"/> Fellow.....\$205
<input type="checkbox"/> Resident.....\$205	<input type="checkbox"/> Resident Pharmacist.....\$205	<input type="checkbox"/> Medical Student.....\$25
<input type="checkbox"/> Medical Student Pharmacist.....\$25	<input type="checkbox"/> Military.....\$310	<input type="checkbox"/> Emeritus.....\$120

## 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 Emergency Medicine Pharmacists	<input type="checkbox"/> Evidence-Based Healthcare & Implementation	<input type="checkbox"/> Sex and Gender in Emergency Medicine (SGEM)
<input type="checkbox"/> Airway	<input type="checkbox"/> Innovation	<input type="checkbox"/> Social Emergency Medicine and Population Health
<input type="checkbox"/> Behavioral and Psychological	<input type="checkbox"/> Informatics, Data Science, and Artificial Intelligence	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Climate Change and Health	<input type="checkbox"/> Neurologic Emergency Medicine	<input type="checkbox"/> Tactical and Law Enforcement
<input type="checkbox"/> CPR/Ischemia/Reperfusion	<input type="checkbox"/> Observation Medicine	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Oncologic Emergencies	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Clinical Researchers' United Exchange (CRUX)	<input type="checkbox"/> Operations	<input type="checkbox"/> Trauma
<input type="checkbox"/> Disaster Medicine	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Vice Chairs
<input type="checkbox"/> Educational Research	<input type="checkbox"/> Pediatric Emergency Medicine	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/> Quality and Patient Safety	
<input type="checkbox"/> Emergency Medicine Transmissible Infectious Diseases and Epidemics (EMTIDE)	<input type="checkbox"/> Research Directors	

## 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: \_\_\_\_\_