



FAAEM
always means
board certified

Membership Application

Full Voting Membership is

just **\$1** a day

The American Academy of Emergency Medicine (AAEM) is *the* only true specialty society in emergency medicine today. As an organization, it believes achievement of board certification represents the only acceptable method of attaining recognition as a specialist in emergency medicine.

AAEM is a democratic organization committed to the following principles:

- Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
- The practice of emergency medicine is best conducted by a specialist in emergency medicine.
- A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
- The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
- The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
- The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patient.
- The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.
- The Academy supports the establishment and recognition of emergency medicine internationally as an independent specialty and is committed to its role in the advancement of emergency medicine worldwide.

American Academy of Emergency Medicine

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Membership Application

The AAEM membership application is also available online at: www.aaem.org

Miss Mr Mrs Ms First Name MI Last Name Degree (MD/DO) Birthdate

Preferred Mailing Address is: Institution Home

Institution/Hospital Name (If preferred address)

Address City State Zip

Phone Number—Home Phone Number—Institution Fax

Email

If you are a practicing emergency physician, please provide your practice location and address.

Institution/Hospital Name

Address City State Zip

Training/Certifications

Have you completed or are you enrolled in an accredited residency program in emergency medicine? Yes No

If yes, which program? _____ If completed, what year? _____

I am certified in emergency medicine by: ABEM AOBEM RCPSC Certification Type: EM Pediatric EM

Certification (or Recertification) Effective year: _____ Expiration year: _____

Do you belong to the American Medical Association (AMA)? Yes No

Are you a member of any other EM organization? Please select all that apply.

AAECM AAEM/RSA ACEP ACOEP CORD EMRA NAEMSP SAEM Other: _____

Membership Dues

Dues are for the period January 1st through December 31st of the year the dues are received. Applicants who are board certified by ABEM, AOBEM or RCPSC in EM or Pediatric EM are **only eligible** for Full Voting membership. All memberships below include a subscription to *The Journal of Emergency Medicine (JEM)*.

Full Voting Member:

1 year (\$365) 2 year (\$730) 3 year (\$1,095) Other: _____ (max up to 10 years)

Affiliate Membership (non-voting status).....\$365.00

* Must have been, but are no longer certified in emergency medicine [by ABEM, AOBEM or RCPSC] or in pediatric emergency medicine [by ABEM or ABPJ].

Associate Membership (Associate-voting status).....\$250.00

* Limited to graduates of an ACGME or AOA approved emergency medicine training program.

Fellows-in-Training (Includes a dual membership in AAEM and the Young Physicians Section).....\$75.00

* Limited to graduates of an ACGME or AOA approved emergency medicine training program who are enrolled in a fellowship.

International (Online JEM subscription only).....\$150.00

Add JEM print subscription (International members only).....\$34.00

I would like to be a member of the following state chapter(s):

CA (FV-\$120/A-\$60) DV (FV-\$50/A-\$25) FL (FV-\$100/A-\$50) IA (FV-\$25/A-\$20) NV (FV-\$75/A-\$50)
 TN (FV-\$50/A-\$25) TX (FV-\$50/A-\$25) VA (FV-\$75/A-\$50) WI (FV-\$20/A-\$10)

I would like to be a member of the Uniformed Services Chapter (USAAEM)..... Full Voting—\$50.00 Assoc.—\$30.00

I would like to be a member of the Young Physicians Section (YPS)..... Full Voting—\$25.00 Assoc.—\$25.00

* Must be 7 years or less out of residency and an AAEM Full Voting or Associate member. Residency graduation year: _____

Optional Contributions

AAEM Foundation: Please consider making a voluntary contribution to the AAEM Foundation. With your donation, the AAEM Foundation will be able to enforce CPOM laws. Your donation is tax deductible. Federal TIN: 20-2080841 (\$100.00 suggested donation).....\$ _____

AAEM Political Action Committee: Please consider making a voluntary contribution to AAEM PAC. With your donation, AAEM PAC will be better able to support legislation and effect change on behalf of AAEM members with consideration to their unique concerns (\$50.00 suggested donation).....\$ _____

Payment Information

Method of Payment: check enclosed, made payable to AAEM VISA MasterCard Discover Total: _____

Card Number Expiration Date

Cardholder's Name Cardholder's Signature

Return this form with payment to: American Academy of Emergency Medicine, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823

All applications for membership are subject to review and approval by the AAEM board of directors. The American Academy of Emergency Medicine is a non-profit professional organization.

Our mailing list is private. \$22 of each member's dues is non-deductible due to anticipated lobbying expenditures.