



Membership Application

Dr. Prof 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

Personal Email Work Email Preferred Email: Home Work

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 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.

AACEM ACEP ACOEP CORD 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)*. **NEW: 5% discount for those who select a multi-year (3 or more years) Fellow and Full Voting membership - contact AAEM at 800-884-2236 for additional rates.**

Full Voting Member:
 1 year (\$425) 2 year (\$850) 3 year (\$1,211.25) 4 years (\$1,615) 5 years (\$2,018.75)
 6 years (\$2,422.50) 7 years (\$2,826.25) 8 years (\$3,230) 9 years (\$3,633.75) 10 years (\$4,037.50)

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 ABP].*

Associate Membership (Associate-voting status)
** Limited to graduates of an ACGME or AOA approved emergency medicine training program.*
 First Year out of Residency: EM Residency Graduation Date: _____ \$150.00
 More than one year out of Residency: EM Residency Graduation Date: _____ \$250.00

Fellows-in-Training \$75.00
** Limited to graduates of an ACGME or AOA approved emergency medicine training program who are enrolled in a fellowship.*

International \$150.00

Chapter Division & Section Membership (Optional):

The fees listed are in addition to your national AAEM dues and should be added to your total at the bottom. Full Voting members fees are listed in (). YPS membership is limited to those physicians 5 years or less out of residency.

CA \$60 (\$120) DV \$25 (\$50) FL \$50 (\$100) Great Lakes \$40 (\$40) LA \$50 (\$75) MO (FREE) NY (FREE) TN \$25 (\$50)
 TX 1 yr. \$25 (\$50) TX 3 yr. (\$100) Uniformed Services \$30 (\$50) VA \$50 (\$75) India (\$75) Lebanon \$100 (\$200) Mediterranean \$100 (\$200)

Young Physicians Section (FREE) Critical Care Medicine Section \$50 (\$50)
YPS membership: List your residency graduation year: _____ Emergency Ultrasound Section \$25 (\$50)

Subtotal of Chapter Division & Section Dues: \$ _____

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Join AAEM online at www.aaem.org/joinaaem.

Optional Contributions

- LEAD-EM — Kevin G. Rodgers Fund With your donation, LEAD-EM will support the development of leadership qualities, and clinical and operational knowledge of emergency physicians with a view toward improving and advancing the quality of medical care in emergency medicine, and public health, safety and well-being overall. EIN: 82-4627012 (**\$250.00 suggested donation**).....\$ _____
- I **do not** wish for my name or class of contribution to be listed in AAEM materials/publications for my contribution to the LEAD-EM Kevin G. Rodgers Fund.
- AAEM Foundation: Please consider making a voluntary contribution to the AAEM Foundation. For more information please visit www.aaem.org/about-aaem/aaem-foundation. Your donation is tax deductible. Federal TIN: 20-2080841 (**\$250.00 suggested donation**).....\$ _____
- I **do not** wish for my name or class of contribution to be listed in AAEM materials/publications for my contribution to the AAEM Foundation.
- 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 (**\$250.00 suggested donation**).....\$ _____

All contributions are voluntary and the suggested amount of a contribution is only a suggestion. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited.

Communication Preferences

- Common Sense** (All members automatically receive a paper and electronic version) Exclude from Common Sense paper mailings
- JEM Print Subscription** (All members automatically receive online access to JEM) Yes, I would like to receive a print subscription to the JEM, in addition to my online access
- Exclude from Scientific Assembly emails Exclude from Oral Board emails Exclude from Written Board Review emails Exclude from live event emails
- Exclude from international event emails Exclude from online education emails Exclude from AAEM postal mail Exclude from AAEM emails

Privacy and Data Protection Policy

The American Academy of Emergency Medicine (AAEM) takes your privacy seriously. AAEM will only use your personal information to process your membership application, to provide services that you have requested from AAEM and otherwise as you may expressly consent. A complete copy of AAEM's Privacy and Data Protection Policy, the terms of which are incorporated herein, can be found at <https://www.aaem.org/about-us/privacy-policy>. AAEM's safe environment policy is available here: <https://www.aaem.org/about-us/our-values/safe-environment-policy>. By providing consent, you are allowing AAEM to process your personal data. AAEM will collect and store information you provide on the membership application for the purposes of enabling us to process your membership; to engage in activity in relation to our member services (sending newsletters, updates, event invitations and other information that may be of interest to you); to share data with membership benefit providers to ensure that you receive your membership products and services; and to allow the compilation and analysis of statistics relevant to AAEM.

AAEM will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such a purpose is related to the offer, provision and improvement of membership where such purpose is permitted or required by law.

- I have read the privacy statement for the AAEM membership application.*

You can revoke this consent at any time by emailing info@aaem.org.

Payment Information

Method of Payment: Check enclosed, made payable to AAEM VISA MasterCard Discover American Express 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. \$26 of each member's dues is non-deductible due to anticipated lobbying expenditures. Membership dues are non-refundable

American Academy of Emergency Medicine

555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823

(414) 276-7390 • (800) 884-2236 • FAX (414) 276-3349
EMAIL info@aaem.org • WEB www.aaem.org

