

CONTACT INFORMATION (Please type or print)

Name (Jonathan A. Smith, MD): _____

Institution Name: _____

Email: _____

SELECT YOUR MEMBERSHIP TYPE

- Faculty
- Young Physician Year 2
- Associate
- Young Physician Year 1
- Military
- Resident
- Fellow
- Medical Student
- Emeritus

ACADEMY SELECTION

	Resident or Medical Student	Associate, Fellow, Military, YP1, YP2, Emeritus	Faculty
ADIEM	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
AEUS	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
AGEM	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
AWAEM	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
CDEM	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
GEMA	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Simulation	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100

INTEREST GROUPS *Please select your free interest groups below.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Informatics | <input type="checkbox"/> Airway | <input type="checkbox"/> APP Medical Directors |
| <input type="checkbox"/> Climate Change and Health | <input type="checkbox"/> CPR/Ischemia/Reperfusion | <input type="checkbox"/> Critical Care Medicine |
| <input type="checkbox"/> Disaster Medicine | <input type="checkbox"/> Educational Research | <input type="checkbox"/> Evidence Based Healthcare & Implementation |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> EMTIDE Interest Group | <input type="checkbox"/> Observation Medicine |
| <input type="checkbox"/> Medical Quality Management | <input type="checkbox"/> Neurologic EM | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Oncologic Emergencies | <input type="checkbox"/> Operations | <input type="checkbox"/> Sex and Gender in EM |
| <input type="checkbox"/> Patient Safety | <input type="checkbox"/> Pediatric EM | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Social EM and Population Health | <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Uniformed Services |
| <input type="checkbox"/> Toxicology | <input type="checkbox"/> Trauma | |
| <input type="checkbox"/> Wilderness Medicine | | |

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 \$100
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