

CONTACT INFORMATION (Please type or print)

Name (Jonathan A. Smith, MD): _____

Institution Name: _____

Email: _____

SELECT YOUR MEMBERSHIP TYPE	
Faculty	<input type="checkbox"/>
Young Physician Year 2	<input type="checkbox"/>
Associate	<input type="checkbox"/>
Young Physician Year 1	<input type="checkbox"/>
Military	<input type="checkbox"/>
Resident	<input type="checkbox"/>
Fellow	<input type="checkbox"/>
Medical Student	<input type="checkbox"/>
Emeritus	<input type="checkbox"/>

ACADEMY SELECTION			
	Resident or Medical Student	Associate, Fellow, 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"/> APP Medical Directors	<input type="checkbox"/> Evidence Based Healthcare & Implementation	<input type="checkbox"/> Pediatric EM
<input type="checkbox"/> Academic Informatics	<input type="checkbox"/> Health Services & Outcomes	<input type="checkbox"/> Public Health
<input type="checkbox"/> Airway	<input type="checkbox"/> Medical Quality Management	<input type="checkbox"/> Research Directors
<input type="checkbox"/> CPR/Ischemia/Reperfusion	<input type="checkbox"/> Neurologic EM	<input type="checkbox"/> Sex and Gender in EM
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Observational Medicine	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Disaster Medicine	<input type="checkbox"/> Operations	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Educational Research	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Trauma
<input type="checkbox"/> Emergency Medicine Pharmacy	<input type="checkbox"/> Patient Safety	<input type="checkbox"/> Uniformed Services
<input type="checkbox"/> Emergency Medical Services		<input type="checkbox"/> Wilderness Medicine

I would like to give an additional gift to the SAEM Foundation

\$1,000 \$500 \$250 \$100 Other \$ _____

METHOD OF PAYMENT

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