

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 Native Hawaiian or Other Pacific Islander Male Gender Fluid/Non-Conforming

Asian White Female Other

Black or African American Do not wish to disclose Transgender Male Other

Hispanic or Latino Transgender Female Do not wish to disclose

Middle Eastern or North African

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

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: _____

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