

MEMBERSHIP APPLICATION

CONTACT INFORMATION *Please type or print*

*Name: _____ Preferred Name: _____

*Title: _____ *Institution Name: _____

*Office Address: _____ Office Phone: _____

*City: _____ *State: _____ *Zip: _____

*Primary Email: _____ *Secondary Email: _____

Home Address: _____ Home Phone: _____

*City: _____ *State: _____ *Zip: _____

Graduation Date: _____ Preferred Contact Method: _____ Date of Birth: _____

Professor
 Assistant Professor
 Associate Professor
 Instructor
 Other _____

*Race:

American Indian or Alaska Native
 Black/African American
 Pacific Islander (Native Hawaiian)
 Asian
 White

Hispanic or Latino
 Middle Eastern or North African
 Do not wish to disclose

*Gender

Male
 Female
 Transgender Male
 Transgender Female

Gender Fluid/Non-Conforming
 Other
 Do not wish to disclose

*Pronouns: He Him His She Her Hers They Them Theirs Zi Zir Zirs

*Required Field

MEMBERSHIP CATEGORY

<input type="checkbox"/> Faculty.....\$830	<input type="checkbox"/> Associate.....\$380	<input type="checkbox"/> Associate Pharmacist.....\$380
<input type="checkbox"/> Young Physician Year 1.....\$340	<input type="checkbox"/> Young Physician Year 2.....\$585	<input type="checkbox"/> Fellow.....\$215
<input type="checkbox"/> Resident.....\$215	<input type="checkbox"/> Resident Pharmacist.....\$215	<input type="checkbox"/> Medical Student.....\$25
<input type="checkbox"/> Medical Student Pharmacist.....\$25	<input type="checkbox"/> Military.....\$325	<input type="checkbox"/> Emeritus.....\$125

ACADEMY SELECTION *Please select your free academy or academies below*

Academy for Diversity & Inclusion in Emergency Medicine (ADIEM)
 Clerkship Directors in Emergency Medicine (CDEM)

Academy of Emergency Ultrasound (AEUS)
 Global Emergency Medicine Academy (GEMA)

Academy of Geriatric Emergency Medicine (AGEM)
 Simulation Academy

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

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: _____