



2019 ADD AN ACADEMY/INTEREST GROUP TO YOUR MEMBERSHIP

CONTACT INFORMATION *Please type or print*

*Name (Jonathan A. Smith, MD): _____

*Institution Name: _____

*Primary Email: _____ *Office Phone: _____

Secondary Email: _____ Mobile Phone: _____

*Required Field

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 Informatics	<input type="checkbox"/> Emergency Medicine Transmissible Infectious Diseases and Epidemics (EMTIDE)	<input type="checkbox"/> Sex and Gender in Emergency Medicine (SGEM)
<input type="checkbox"/> Advanced Practice Provider Medical Directors (APP)	<input type="checkbox"/> Evidence-Based Health Care and Implementation	<input type="checkbox"/> Social Emergency Medicine and Population Health
<input type="checkbox"/> Airway	<input type="checkbox"/> Neurologic Emergency Medicine	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Behavioral and Psychological	<input type="checkbox"/> Observation Medicine	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Climate Change and Health	<input type="checkbox"/> Oncologic Emergencies	<input type="checkbox"/> Toxicology
<input type="checkbox"/> CPR/Ischemia/Reperfusion	<input type="checkbox"/> Operations	<input type="checkbox"/> Trauma
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Palliative Medicine	<input type="checkbox"/> Uniformed Services
<input type="checkbox"/> Clinical Researchers United Exchange (CRUX)	<input type="checkbox"/> Pediatric Emergency Medicine	<input type="checkbox"/> Vice Chairs
<input type="checkbox"/> Disaster Medicine	<input type="checkbox"/> Quality and Safety	<input type="checkbox"/> Wilderness Medicine
<input type="checkbox"/> Educational Research	<input type="checkbox"/> Research Directors	
<input type="checkbox"/> Emergency Medical Services		

Thank you for joining an academy or interest group.

PLEASE RETURN THE COMPLETED FORM VIA FAX OR EMAIL



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