

MEMBERSHIP APPLICATION

CONTACT INFORMATION Please type or print				
*Name (Jonathan A. Smith, MD):				
Preferred Name: Former Name:				
*Institution Name:				
University Affiliation (if different from institution):				
*Office Address:				
*City:	*State:		Zip Code:	
*Primary Email:	*Office Phone:			
	Mobile Phone:			
Home Address:				
City:			Zip Code:	
Preferred Contact Method: Mail Email Date of Birth:				
 *Hispanic or Latino: Yes No *Race: American Indian or Alaska Native Black or African American Native Hawaii or Other Pacific Islander Do not wish to disclose *Required Field 	Do not wish to disclose	*Gender: Male Transgender N Gender Fluid o Nen Conformi	r	 Female Transgender Female Other Do not wish to disclose
Membership Category				
Name of Department Chairperson:				
Does your institution have an Emergency Medicine Residency Program? Yes No Membership Type:				
ACADEMY SELECTION Please select your free acader	my or academies below			
 Academy for Diversity & Inclusion in Emergency Medicine (ADIEM) Academy of Emergency Ultrasound (AEUS) Academy of Geriatric Emergency Medicine (AGEM) Academy for Women in Academic Emergency Medicine (AWAEM) 				
INTEREST GROUP SELECTION Please select your free	interest group or groups	below		
 Academic Informatics Advanced Practice Provider Medical Directors Airway Climate Change and Health CPR/Ischemia/Reperfusion Critical Care Medicine Clinical Researchers United Exchange Disaster Medicine Educational Research Emergency Medical Services 	Emergency Medicine Diseases and Epidem Evidence-Based Hea Implementation Neurologic Emergen Observation Medicine Operations Palliative Medicine Pediatric Emergency Quality and Safety	Ith Care and ncy Medicine ne cies	Medicin Social En Populati Sports N Telehea Toxicolo Trauma Uniform	Gender in Emergency e (SGEM) mergency Medicine and ion Health Aedicine Ith

Please return your completed application to aaaemmembership@saem.org