Uniformed Services Chapter (USAAEM)

American Academy of Emergency Medicine

MEMBERSHIP APPLICATION

☐ New Member

Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Health/Government Services Rank_____
Status: ☐ Active ☐ Retired ☐ Reservist ☐ National Guard ☐ Other_____

First Name MI Last Name Degree (MD/DO)

Institution

Address

City State Zip

Please check which address this is: ☐ Work ☐ Home

Phone Number - Work Phone Number - Home

Fax E-Mail Address

Note: E-mail will be the primary means of correspondence for USAAEM. Please check your e-mail regularly.

1) Have you completed or are you enrolled in an accredited residency in Emergency Medicine? ☐ Yes ☐ No
   If yes, program: _____ If completed, date: _____
   If not completed, expected date of completion: _____

2) Are you certified by the American Board of Emergency Medicine? ☐ Yes ☐ No
   If yes, date: _____ Type of certification: ☐ EM ☐ Pediatric EM

3) Are you certified by the American Osteopathic Board of Emergency Medicine? ☐ Yes ☐ No
   If yes, date: _____

Applicants who are board-certified by ABEM or AOBEM in EM or Pediatric EM are only eligible for Full Voting Membership.

Membership Fees

☐ Full Voting Member..... $50.00
☐ Associate Member (non-voting) $30.00
☐ Resident Member (non-voting)..... FREE
☐ Student Member (non-voting)..... FREE

Payment Information

Method of Payment: ☐ check enclosed, made payable to: USAAEM ☐ VISA ☐ MasterCard

Card Number Expiration Date

Cardholder's Name Cardholder's Signature

Return this form with payment to: USAAEM, c/o AAEM 555 East Wells Street, Suite 1100, Milwaukee, WI 53202.
All applications for membership are subject to review and approval by the USAAEM Board of Directors.
The Uniformed Services Chapter of the American Academy of Emergency Medicine and the American Academy of Emergency Medicine are non-profit professional organizations. **Our membership and mailing lists are strictly private.**