American Federation for Medical Research
MEMBERSHIP APPLICATION

First Name MI Last Name Degrees

Institution

Department

Address

City State Zip

E-mail Phone Fax

❑ I would prefer to receive my mailings at home

Home Address Street

City State Zip

Home Phone

Please also include institutional information for our records.

Member Information

Demographic Information: Gender: ❑ Male ❑ Female Date of Birth_____

Medical Specialty / Subspecialty

- ❑ Allergy
- ❑ Cardiovascular
- ❑ Clinical Epidemiology/ Health Care Research
- ❑ Clinical Nutrition
- ❑ Clinical Pharmacology
- ❑ Critical Care Medicine
- ❑ Dermatology
- ❑ Endocrinology/Metabolism
- ❑ Gastroenterology/Hepatology
- ❑ Genetics and Inherited Diseases
- ❑ Gerontology/Aging
- ❑ Hematology
- ❑ Hypertension
- ❑ Immunology
- ❑ Infectious Diseases
- ❑ Neuroscience/Neurology
- ❑ Oncology
- ❑ Pathology
- ❑ Pediatrics
- ❑ Psychiatry
- ❑ Pulmonary
- ❑ Renal and Electrolyte
- ❑ Rheumatology
- ❑ Surgery
- ❑ Other

Membership Categories

Active Members have completed a meritorious investigation in any area of medical research, in most instances including publication. Active members are eligible to vote in national and regional elections and hold office.

❑ **Active U.S. - 1 year / $225** ❑ **Active U.S. - 2 year / $450** ❑ **Active U.S.-3 year/$675**
❑ **Active Canada or Mexico -1 year / $210** ❑ **Active Non-North American - 1 year / $215**

Associate Members hold a doctoral level degree for fewer than eight years, are in training, and/or do not qualify for active membership.

❑ **Associate U.S. - 1 year/ $90** ❑ **Associate Canada or Mexico -1 year / $105** ❑ **Associate Non-North American -1 year / $110**

Medical Students are members currently enrolled in medical school. ❑ **Medical Student - $75**

Emeritus Members are active members 65 years and older who request emeritus status.

❑ **Emeritus (no journal)/$0** ❑ **Emeritus U.S. (with journal)-1 year /$60**
❑ **Emeritus Canada or Mexico -1 year / $95** ❑ **Emeritus Non-North American - 1 year / $105**

AFMR Foundation

❑ **Yes, I would like to support the AFMR. Foundation. The AFMR Foundation is a not-for-profit organ/iation.** ❑ $25.00 ❑ $75.00
Please check with your tax advisor as your contribution/dues may be partially deductible. ❑ $50.00 ❑ $100.00

Method of Payment

❑ Check/money order for $_____made payable to the American Federation for Medical Research

❑ University Purchase order for $_____made payable to the American Federation for Medical Research

❑ Charge $_____ to my ❑ VISA ❑ MasterCard ❑ American Express

Card Number: _____Expiration Date:_____Security Code:_____

Billing Address:_____
Street City State Zip

S ignature: _____

Membership dues include an annual subscription to the Journal of Investigative Medicine. The amount attributed to the journal is in coompliance with postal regulations and does not reflect costing out of options.

Please enclose completed application with payment and mail to:

American Federation for Medical Research
900 Cummings Ctr.
Suite 221-U
Beverly, Massachusetts 01915
Phone: (978) 927-8330
Fax: (978) 524-8890
Or visit the website at
www.afmr.org