



AFMR Departmental/Group Membership Form

Date: _____

First Name MI Last Name Degrees

Institution

VA Affiliation (if applicable)

Department

Address

City State Zip

Email Phone Fax

I would prefer to receive mailings at home.

Home Address

City State Zip

Please also include institutional information for our records.

Membership Categories

Active Members are individuals who 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.

\$225/year NO FEE – Included with Departmental/Group membership

Associate Members are individuals who have held a doctoral level degree for fewer than six years, who are in training, and/or who do not qualify for Active membership.

\$90/year NO FEE – Included with Department/Group membership

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

\$60/year NO FEE - Included with Departmental/Group membership

Tier 1 Departmental/Group Membership includes 10 memberships.

Tier 2 Departmental/Group Membership includes 5 memberships.

To process your Departmental/Group membership, please forward the following documents to the AFMR administrative office:

- Completed Departmental/Group Membership forms for selected departmental members (10 for Tier 1, 5 for Tier 2)
- Completed AFMR Departmental/Group Payment Form available at <http://www.afmr.org/membership.cgi>

We look forward to your department/group's participation in the activities of the AFMR!

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admin@afmr.org

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 (List) _____

Scientific Field (check all that apply)

- Biochemistry
- Biophysics
- Cell Biology
- Genetics
- Epidemiology
- Health Outcomes Research
- Immunology
- Microbiology
- Molecular Biology
- Neurobiology
- Pharmacology
- Physiology

Degrees MD PhD Other #1 Other #2**Public Policy Interest** (check all of interest)

- NIH Funding
- VA Research
- AHCPR Funding
- Clinical Research Initiatives
- Physician-Scientist Initiatives

Primary Institutional Affiliation

- Medical School / Faculty Clinical Department
- Medical School / Faculty Research Department
- VA Hospital
- Hospital Staff / Clinical
- Hospital Staff / Research
- Armed forces or other Federal Service
- Corporate research
- Private Practice
- Fellow / Post-Doctoral

What % of time do you spend on:

Teaching: _____

Administration: _____

Basic Research: _____

Clinical Research: _____

Patient Care: _____

Academic Appointment

- Instructor
- Assistant Professor
- Associate Professor
- Professor

Would you be interested in volunteering for a committee? Yes No**To what other professional groups do you belong?**

How did you hear about AFMR?

What is your top reason for joining AFMR?
