

American Federation for Medical Research



COMPLIMENTARY MEMBERSHIP APPLICATION

(For use with Departmental Membership ONLY)

First Name MI Last Name Degrees

Institution

VA Affiliation (if applicable)

Department

Address

City State Zip

E-mail Phone Fax

I would prefer to receive my mailings at home

Home Address Street

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.
\$195/year* NO FEE - COMPLIMENTARY
- 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 - COMPLIMENTARY
- Emeritus Members** are active members 65 years and older who request emeritus status.
\$60/year* NO FEE - COMPLIMENTARY

Institutional Members get three complimentary individual memberships.

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

Please enclose completed application and a CV and mail to AFMR, 900 Cummings Center, Suite 221-U, Beverly, MA 01915 or fax to (978) 524-0461. For additional information, please call the AFMR National Office at (978) 927-8330.

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 (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?
