



Association for the Advancement of Automotive Medicine

An international multidisciplinary organization for crash injury control

MEMBERSHIP APPLICATION

Personal Information

Last Name _____ First Name _____ MI _____

Academic Degree(s)/Subject/Year Received: *(check only highest degree in same subject):*

Degree	Subject	Year Received
<input type="checkbox"/> Doctorate	_____	_____
<input type="checkbox"/> Master	_____	_____
<input type="checkbox"/> Bachelor	_____	_____
<input type="checkbox"/> Other (<i>specify</i>):	_____	_____

Date of Birth _____ Male Female

Work/Organization Address

Title/Position _____ Department/Division _____

Organization/Company _____

Street _____

City _____ State/Province _____ Zip _____

Country _____ E-mail: _____

Telephone _____ Fax _____

Areas of Specialty

A brief statement summarizing your expertise, background and interests.

Affiliations

Local, state, provincial, national or international medical, engineering, technical and safety organizations.

Publications

Attach list of your **peer reviewed** publications in traffic injury prevention, highway safety, impact biomechanics, treatment of injured or related areas. Also attach list of other publications, articles, reports, etc. Include title, author(s) and complete reference citations for each publication.

If none, check here.

APPLICATIONS WILL BE CONSIDERED COMPLETE ONLY IF EVERY ITEM IS FILLED IN. ALSO, A CURRENT CURRICULUM VITAE AND FIRST YEAR'S DUES MUST ACCOMPANY THIS APPLICATION. THE MEMBERSHIP AND CREDENTIALS COMMITTEE RESERVES THE RIGHT TO REQUIRE LETTERS OF ENDORSEMENT AND/OR TO CONDUCT A TELEPHONE INTERVIEW WITH THE APPLICANT AS PART OF ITS REVIEW PROCESS.

Your replies to the following questions would be appreciated:

How did you hear about AAAM? _____

If a AAAM member recommended you join, who was that member? _____

Why do you want to become a member? _____

(Date)

(Applicant's Signature)

BENEFITS

- Peer reviewed online journals (TIP/AAP)
- Annual conference journal (CD)
- Member newsletter: *Inroads*
- Reduced registration fees on annual conference, specialized courses/symposia
- 20% discount on publications and videotapes
- Participation in our online research forum

TO APPLICANT:

Check appropriate category and remit first year's dues with application (U.S. funds only):

	Annual Dues
REGULAR	
North America	<input type="checkbox"/> \$260
All Others	<input type="checkbox"/> \$295
FAMILY	<input type="checkbox"/> \$400 (1 set of publications)
SUSTAINING	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 Choose Level

STUDENT \$35 (does not include any publications.)
Must provide proof of student status
Publications may be purchased at current member prices.

ASSOCIATE — membership granted to those individuals who currently do not meet the qualifications for full membership.
North America \$260
All Others \$295
All candidates are elected by the Membership Committee.

OFFICE USE ONLY:

Amount: _____

Check No. _____

Approval Code: _____

Date completed: _____

Date accepted: _____

Dues from applicants accepted for membership after Sept. 1 will be applied to the following calendar year.

Check enclosed (made payable to AAAM) OR Charge my: VISA MasterCard

Card No. _____ Expiration Date _____

Signature _____ 3-digits from back of card _____
required if paying by credit card _____