**Association for the Advancement of Automotive Medicine**

*An international multidisciplinary organization for crash injury control*

35 E. Wacker Dr., Ste. 850 ▪ Chicago, IL 60601 ▪ Tel 847.844.3880 ▪ Fax 312.644.8557 ▪ Email info@aaam.org

**Membership Application**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **Degree Subject Year Received**

 Doctorate **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Master \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Bachelor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female

Title/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ACCOMPANIED BY A CURRENT CURRICULUM VITAE AND FIRST YEAR’S DUES. 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.**

ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE MEDICINE

35 E Wacker Dr, Suite 850 • CHICAGO, IL 60601-2106• USA • TEL: 847 844 3880 • EMAIL: info@aaam.org

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How did you hear about AAAM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If an AAAM member recommended you join, who was that member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to become a member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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All candidates are elected by the Membership Committee.

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

REGULAR (North America) ASSOCIATE (membership granted to those individuals who currently do not meet the qualifications for full membership)

  $310  $310

AIS PROFESSIONAL  $180 (AAAM offers reduced membership fee to AIS individuals who do not qualify for full or associate membership, i.e., trauma registrars, nurses)

SUSTAINING  $2,500

STUDENT  ~~$35~~First year’s dues for students is waived. (Does not include any publications)

REGULAR LMIC  $35 AAAM offers reduced membership fee to individuals from low- and middle-income countries.

**PAYMENT INFORMATION**

Credit Card | For your protection, AAAM cannot accept credit card information via email. Email is an insecure means of transmitting information and should not be used to send credit card numbers or other sensitive personal information. Please call our office at (847) 844-3880 during regular business hours to complete this transaction. AAAM accepts Visa, MasterCard, American Express and Discover.

Check *(payable to AAAM)* Total amount due: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_