



Association for the Advancement of Automotive Medicine

An international multidisciplinary organization for crash injury control

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Membership Application

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

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.

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? _____

All candidates are elected by the Membership Committee.

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

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

North America \$260 \$260

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

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 Master Card AMEX

Card No. _____ Expiration Date _____

Signature _____ Security Code _____