

APPLICATION FOR MEMBERSHIP

The AHME membership year begins November 1 and ends October 31. Please indicate desired membership category:

AHME Membership

- _____ Institutional Member (\$2,000)
- _____ Additional Institutional Member Representatives (\$350 each)
- PLEASE NOTE** that an institutional membership permits up to five representatives as full and active AHME members. Additional representatives can be added at the cost of \$350 per person. Each representative must submit an application. Photocopies are acceptable. **Institutional members must designate one main contact who is responsible for dues payment. Please indicate that contact name here:**
- _____ Institutional Main Contact
- _____ Individual Member (\$495)
- _____ Associate Member (\$50 – good May 15 through October 31)
- _____ Sustaining Member (\$1,000)
- _____ Resident Member (No cost pending proper documentation from program director)
- _____ Affiliate Membership (No cost pending approval by the Member Services Division)
- _____ Honorary Membership (No cost pending approval by the Member Services Division)

Council Membership

(Included in Individual and Institutional membership fee)
AHME membership is a prerequisite for Council membership.

- I AM AN: _____ Individual member _____ Institutional member
- _____ Council of Administrative Directors of Medical Education (CADME)
- _____ Council on Continuing Medical Education (CCME)
- _____ Council on Medical Education Consortia (COMEC)
- _____ Council of Transitional Year Program Directors (CTYPD)

AHME Divisions – Get Involved!

- _____ **Academic Leadership and Professional Development Division (ALPD)** – Oversees programming development, including the annual conference, Academies and CME-related education. Monthly meetings by phone and at spring conference.
- _____ **Communication & Collaboration Division (C&C)** – Oversees the AHME newsletter, web site, “Guide” publication and external communication and relationships. Periodic meetings by phone and at spring conference.
- _____ **Member Services Division** – Oversees membership recruitment and development, as well as issues related to membership dues and benefits. Occasional meetings by phone and at spring conference.
- _____ **Finance Division** – Oversees financial planning and management, as well as commercial support and budgeting/reporting. Periodic meetings by phone and at spring conference.

APPLICATION FOR MEMBERSHIP

PLEASE PRINT

Name _____

Degree _____

Title _____

Institution _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

Credit Card Payment

Visa _____ MasterCard _____ Exp. Date _____

Account number _____

Name on card _____

Signature _____

Send this application along with your check made payable to the AHME or your credit card authorization to:

Association for Hospital Medical Education
P.O. Box 725 • Indiana, PA 15701

