

DEMOGRAPHICS

Please tell us more about yourself. Profile information allows ACLGIM to understand the scope of the GIM community and those engaged in the profession.

Faculty Status (select one)	Ethnic Background (select one)
<input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Full Professor <input type="checkbox"/> None <input type="checkbox"/> Other (please enter):	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino/Spanish <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Answer
Please select all those that are most closely related to your current administrative role and career path.	
Academic Administrative Role	Career Track
<input type="checkbox"/> Dean or Associate Dean <input type="checkbox"/> Department Chair <input type="checkbox"/> Division/Section Chief <input type="checkbox"/> Clerkship Director <input type="checkbox"/> Fellowship Director <input type="checkbox"/> Residency Program Director <input type="checkbox"/> Medical Director <input type="checkbox"/> Clinic Director <input type="checkbox"/> Course Director <input type="checkbox"/> Research Center Director <input type="checkbox"/> Hospital Administration <input type="checkbox"/> Other (please enter): Date you started this role: ___/___/___	<input type="checkbox"/> Academic Administrator <input type="checkbox"/> Clinician Administrator <input type="checkbox"/> Clinician Educator <input type="checkbox"/> Clinician Investigator <input type="checkbox"/> Full-time Clinician <input type="checkbox"/> Full-time Researcher <input type="checkbox"/> Hospitalist <input type="checkbox"/> Not Applicable
Areas of Expertise or Interest (select all that apply)	
<input type="checkbox"/> Aging/Geriatrics/End of Life <input type="checkbox"/> Clinical Medicine <input type="checkbox"/> Clinical Decision-Making/Economic Analyses <input type="checkbox"/> Clinical Epidemiology/Healthcare Effectiveness Research <input type="checkbox"/> Global Health/Preparedness <input type="checkbox"/> Health Disparities/Vulnerable Populations <input type="checkbox"/> Health Policy/Advocacy/Social Justice <input type="checkbox"/> Healthcare Delivery and Redesign <input type="checkbox"/> Hospital-based Medicine <input type="checkbox"/> Leadership and Administration <input type="checkbox"/> Other (please enter):	<input type="checkbox"/> Medical Education Scholarship <input type="checkbox"/> Medical Ethics/Professionalism/Humanities <input type="checkbox"/> Mental Health/Substance Abuse <input type="checkbox"/> Non-Commercial Funding Sources (AHRQ, DOD, NIH, PCOR, RWJ, VA) <input type="checkbox"/> Organization of Care/Chronic Disease Management <input type="checkbox"/> Personal/Professional Development <input type="checkbox"/> Preventative Medicine <input type="checkbox"/> Quality of Care/Patient Safety <input type="checkbox"/> Research Methods <input type="checkbox"/> Women's Health

ACLGIM Membership Application
 please complete and return this form to:
 1500 King St. Suite 303 Alexandria, VA 22314
Membership@sgim.org | (202) 887-5405

Annual Dues Schedule

January 1 – December 31

Membership Type	Annual Rate
New (First Year of Membership):	\$175.00
Standard Rate:	\$350.00
Emeritus:	\$110.00

New Membership Dues Proration Table:

If you are joining the ACLGIM mid-year, your dues amount will be prorated at the rates below. The full dues amount will be applied to the following year.

Month	Dues Percentage
January	100%
February	100%
March	100%
April	90%
May	80%
June	70%
July	60%
August	50%
September	40%
October	100%
November	100%
December	100%

ACLGIM Membership Cancellation Policy

- All cancellation requests must be sent to membership@sgim.org.
- Cancellation requests received within **14 days** of activation will receive a 100% refund of dues paid.
- Cancellation requests received after 14 days of membership will not be eligible for a refund.
- You may be subject to additional fees if member benefits, such as discounted registration rates, are utilized during active membership.