



2017-2018 SGIM Membership Application

please complete and return this form to:

1500 King St. Suite 303 Alexandria, VA 22314

Membership@sgim.org | (202) 887-5405

Member Name: _____
First Middle Last Degrees

Institution: _____

Mailing Address: Home Business **This address will be used to mail your copy of JGIM. Work Number**
 _____ **Home Number** _____
 _____ **Fax Number** _____

Email Address*: _____
 *Providing your email address will allow you access to the members only website & JGIM online

Current Medical School Affiliation: _____ Gender: Male Female

Hospital Affiliation: _____ Date of Birth (mm/dd/yyyy) __/__/____

Position Title: _____ Medical School Graduation Year (yyyy) _____

How did you hear about SGIM? _____

Membership Type	
<i>Memberships are based on a standard calendar year starting January 1st. If you join after April 1st, your membership is prorated based on the schedule on page 3 of this application.</i>	
<input type="checkbox"/> Full Membership: Physicians & other health professionals	<u>\$395.00</u>
<input type="checkbox"/> Full International Membership: Physicians & other health professionals living outside of the U.S.	<u>\$130.00</u>
<input type="checkbox"/> Associate Membership: Physicians & other health professionals in training	<u>\$120.00</u>
Select one: <input type="checkbox"/> Fellow Year 1 <input type="checkbox"/> Fellow Year 2 <input type="checkbox"/> Fellow Year 3 <input type="checkbox"/> Fellow Year 4 <input type="checkbox"/> Resident Year 1 <input type="checkbox"/> Resident Year 2 <input type="checkbox"/> Resident Year 3 <input type="checkbox"/> Chief Resident <input type="checkbox"/> Med Student Yr 1 <input type="checkbox"/> Med Student Yr 2 <input type="checkbox"/> Med Student Yr 3 <input type="checkbox"/> Med Student Yr 4	
<input type="checkbox"/> Associate Int'l Membership: Physicians & health professionals in training living outside of the U.S.	<u>\$120.00</u>

Payment Options	
Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card Number _____ Exp Date __/__/____ Signature _____	Check Payment <input type="checkbox"/> Personal check enclosed <input type="checkbox"/> Institutional Check enclosed Check number _____

Billing Address
Card Holders Name _____ Billing Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> _____ city _____ state _____ zip </div>

DEMOGRAPHICS

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

Professional Status (select one)	Ethnic Background (select one)
<input type="checkbox"/> Medical Student <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Physician <input type="checkbox"/> Non-Physician Professional	<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
Faculty Status (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"/> Instructor <input type="checkbox"/> Preceptor <input type="checkbox"/> None	
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"/> Chief Resident <input type="checkbox"/> Other (please enter):	<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 <input type="checkbox"/> Trainee If you are a trainee, what is your intended career specialty/subspecialty: _____
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

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New Membership Dues Proration Table

If you are joining the organization 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 %
January	100%
February	100%
March	100%
April	90%
May	80%
June	70%
July	60%
August	50%
September	40%
October	100%
November	100%
December	100%

Multiple Year Payments for Full Members

Lock in this year's dues rate! SGIM offers multiple year discounts for Full Members that save time and money. Sign up for multiple years and save:

Cost	Years of Membership	Savings
\$730	2 Years	\$60 Savings
\$1095	3 Years	\$90 Savings
\$1460	4 Years	\$120 Savings
\$1825	5 Years	\$150 Savings

Trainee Members Transitioning to Full Members

SGIM offers a graduated increase in the annual fee for current trainee members (Associate Members) transitioning into faculty positions (Full Members). Transitioning members will pay a graduated discounted rate for two years, not paying the full amount until the third year.

Membership Type	Annual Dues Amount
Full Member (Step 1)	\$195.00
Full Member (Step 2)	\$295.00
Full Member	\$395.00

We hope all of you still early in your careers but transitioning to full membership will continue to make SGIM your professional home. If you would like to see if you qualify, please email membership@sgim.org.

SGIM 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.
 - Exception: If you are a Full Member who has purchased a multi-year membership plan, you will be eligible to receive a refund for the amount collected beyond the current dues year. For example, you have purchased a two year membership plan for \$710.00 and you request a refund after 14 days of activation. As the current dues amount is \$385.00, you will receive a refund of \$325.00.
- You may be subject to additional fees if member benefits, such as discounted registration rates, are utilized during active membership.