



2010 MEMBERSHIP APPLICATION
please complete and return this form to:
2501 M Street NW Suite 575 Washington, DC 20037

Member Name: _____
first Middle Last Degrees

Institution: _____

Mailing Address: Home Business

Work Phone: _____ How did you learn of SGIM?
SGIM?
Home Phone: _____ _____ SGIM Member (List Name and Institution)
Fax: _____

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

MEMBERSHIP LEVEL (please check) Annual Dues Cycle – 1/1/ 2010– 12/31/2010

Associate: For medical students, residents and fellows. Check category below. **Annual dues \$100.00**
___ Fellow Yr 1 ___ Fellow Yr 2 ___ Fellow Yr 3 ___ Fellow Yr 4
___ PGY 1 ___ PGY 2 ___ PGY 3 ___ PGY Chief Resident
___ Med Student Yr 1 ___ Med Student Yr 2 ___ Med Student Yr 3 ___ Med Student Yr 4

Full Membership: For physicians & other health professionals. **Annual dues \$335.00**

International Member with print copy of *JGIM* **Annual dues \$110.00**

Payment Options	
Credit Card Payment	Check Payment
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Personal check enclosed
Card Number _____	<input type="checkbox"/> Institutional Check enclosed
Exp Date ____/____	Check number _____
Signature _____	
Billing Address	
Card Holders Name _____	
Billing Address _____	
_____	_____
city	state zip

Current Medical School Affiliation: _____ Gender: Male Female

Hospital Affiliation: _____ Date of Birth ___/___/___

Position Title: _____ Date of training completion ___/___/___

DEMOGRAPHICS

Please tell us more about yourself.

Professional Role (select all that apply)		Professional Status * (select one)
<input type="checkbox"/> Academic Administrator	<input type="checkbox"/> Clerkship Director	<input type="checkbox"/> Medical Student (_____) Year
<input type="checkbox"/> Clinician-Administrator	<input type="checkbox"/> Division Chief	<input type="checkbox"/> Resident (PGY_____)
<input type="checkbox"/> Clinician-Educator	<input type="checkbox"/> Fellowship Director	<input type="checkbox"/> Fellow_____/_____/_____ (Anticipated fellowship completion)
<input type="checkbox"/> Clinician-Investigator	<input type="checkbox"/> Program Director	<input type="checkbox"/> Physician
<input type="checkbox"/> Full-time Clinician	<input type="checkbox"/> Program Department Chair	<input type="checkbox"/> Non-Physician
<input type="checkbox"/> Full-time Researcher		

Faculty Status (select one)	Ethnic Background (select one)	
<input type="checkbox"/> Adjunct Faculty	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Assistant Professor	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino/Spanish
<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> Full Professor	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other
<input type="checkbox"/> Instructor		
<input type="checkbox"/> Preceptor		
<input type="checkbox"/> None		

Areas of Interest (all that apply)		
<input type="checkbox"/> Career Development	<input type="checkbox"/> Health Policy Admin.	<input type="checkbox"/> Medical Ethics
<input type="checkbox"/> Clinical Epidemiology	<input type="checkbox"/> Health Services Research	<input type="checkbox"/> Prevention
<input type="checkbox"/> Community Health	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Psychosocial Behavioral medicine
<input type="checkbox"/> Decision Analysis	<input type="checkbox"/> Humanities	<input type="checkbox"/> Research Methods
<input type="checkbox"/> End of Life Care	<input type="checkbox"/> Informatics	<input type="checkbox"/> Special/Vulnerable populations
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Health Economics	<input type="checkbox"/> Medical Education	

Complete and mail or fax this form to

SGIM
 2501 M Street NW Suite 575
 Washington, DC 20037
 Fax 202-887-5405
 Phone 1-800-822-3060