



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

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 ___/___/___

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

Membership Type

Memberships are based on a standard calendar year starting January 1st

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Full Membership: For physicians & other health professionals | \$350.00 | | |
| <input type="checkbox"/> Associate Membership: For physicians & other health professionals in training | \$100.00 | | |
| 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 Year 1 | <input type="checkbox"/> Med Student Year 2 | <input type="checkbox"/> Med Student Year 3 | <input type="checkbox"/> Med Student Year 4 |
| <input type="checkbox"/> International Membership with a print copy of JGIM | \$110.00 | | |

Payment Options

Credit Card Payment

Visa MasterCard American Express

Card Number _____

Exp Date ___/___

Signature _____

Check Payment

Personal check enclosed
 Institutional Check enclosed

Check number _____

Billing Address

Card Holders Name _____

Billing Address _____

city state zip

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"/> 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"/> Clerkship Director <input type="checkbox"/> Division Chief <input type="checkbox"/> Fellowship Director <input type="checkbox"/> Program Director <input type="checkbox"/> Program Department Chair <input type="checkbox"/> Hospitalist	<input type="checkbox"/> Physician <input type="checkbox"/> Non-Physician

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"/> Instructor <input type="checkbox"/> Preceptor <input type="checkbox"/> None	<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

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

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