



2021-2022 SGIM Membership Application
 please complete and return this form to:
 1500 King St. Suite 303 Alexandria, VA 22314
Membership@sgim.org

Member Name: _____
 First Middle Last Degrees Licensure

Primary Organization: _____

Primary Title : _____

Preferred Mailing Address: Home Business

_____ **Work Number** _____
 _____ **Home Number** _____
 _____ **Mobile Number** _____

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

Secondary E-mail: _____

Gender: Male Female Non-binary Prefer Not to Answer Prefer to self-describe: _____

Ethnic Background: African-American/Black American Indian/Alaska Native Asian Asian Indian
 Caucasian/White Hispanic/Latino/Spanish Pacific Islander/Native Hawaiian Prefer Not to Answer

Current Medical School Affiliation: _____

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	\$425.00
<input type="checkbox"/> Full International Membership: Physicians & other health professionals living outside of the U.S.	\$150.00
<input type="checkbox"/> Associate Membership: Physicians & other health professionals in training	\$120.00
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 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.	\$120.00

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 _____ _____ city state zip	<p style="color: blue; text-align: center;">Enroll in automatic renewals to ensure your membership continues uninterrupted year to year!</p> <p><small>*An valid credit card must be saved in your account</small></p> <input type="checkbox"/> Yes, Enroll in Auto-Renewal <input type="checkbox"/> No, Do Not Enroll in Auto-Renewal

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)	Primary Professional Affiliation/Setting
<input type="checkbox"/> Medical Student <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Physician <input type="checkbox"/> Non-Physician Health Professional	<input type="checkbox"/> Academic Medical Center <input type="checkbox"/> Community Hospital or Practice <input type="checkbox"/> Community Teaching Hospital or Practice <input type="checkbox"/> Local/State/or Federal Clinical Position (Non-VA, Non-Military) <input type="checkbox"/> Global Health Organization <input type="checkbox"/> Government Research Center <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> VA Faculty at Academic Medical Center <input type="checkbox"/> VA/Military <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other - Please enter _____
Current Academic Rank (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.	
Current Leadership Rank/Role	Best Describes Your Clinical Work
<input type="checkbox"/> Chief Resident <input type="checkbox"/> Clerkship Director <input type="checkbox"/> Clinic Director <input type="checkbox"/> Course Director <input type="checkbox"/> Dean or Associate Dean <input type="checkbox"/> Department Chair <input type="checkbox"/> Division/Section Chief <input type="checkbox"/> Fellowship Director <input type="checkbox"/> Hospital Administration <input type="checkbox"/> Inpatient Service Director <input type="checkbox"/> Medical Director <input type="checkbox"/> Quality/Safety Director <input type="checkbox"/> Research Center Director	<input type="checkbox"/> Hospitalist (nearly all inpatient) <input type="checkbox"/> Ambulatory Care (nearly all outpatient primary care) <input type="checkbox"/> Non-Primary Care - outpatient (urgent care, referral, clinic, e.g.) <input type="checkbox"/> Both Ambulatory and Inpatient Care <input type="checkbox"/> N/A
<input type="checkbox"/> Residency Program Director <input type="checkbox"/> N/A <input type="checkbox"/> Other -please enter below _____	
Areas of Expertise (select all that apply)	
<input type="checkbox"/> Aging/Geriatrics/End of Life <input type="checkbox"/> Chronic Disease Management <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
\$790	2 Years	\$60 Savings
\$1185	3 Years	\$90 Savings
\$1580	4 Years	\$120 Savings
\$1975	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)	\$215.00
Full Member (Step 2)	\$315.00
Full Member	\$425.00

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 **3 days** of activation will receive a 100% refund of dues paid.
- Cancellation requests received after 3 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 \$790.00 and you request a refund after 3 days of activation. As the current dues amount is \$425.00, you will receive a refund of \$365.00.
- You may be subject to additional fees if member benefits, such as discounted registration rates, are utilized during active membership.