



2026-2027 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.</i>	
<i>If you join after April 1st, your membership is prorated based on the schedule on page 3 of this application.</i>	
☐ Full Membership: Physicians & other health professionals	\$545.00
☐ Full International Membership: Physicians & other health professionals living outside of the U.S.	\$245.00
☐ Associate Membership: Physicians & other health professionals in training	\$135.00
Select one:	
☐ Fellow Year 1	☐ Fellow Year 2
☐ Fellow Year 3	☐ Fellow Year 4
☐ Resident Year 1	☐ Resident Year 2
☐ Resident Year 3	☐ Chief Resident
☐ Med Student Yr 1	☐ Med Student Yr 2
☐ Med Student Yr 3	☐ Med Student Yr 4
☐ Associate Int'l Membership: Physicians & health professionals in training living outside of the U.S.	\$135.00

Payment Options	
Credit Card Payment ☐ Visa ☐ MasterCard ☐ American Express Card Number _____ CVV _____ Exp Date ____/____ Signature _____	Check Payment ☐ Personal check enclosed ☐ Institutional Check enclosed Check number _____
Billing Address Card Holders Name _____ Billing Address _____ city state zip	
Enroll in automatic renewals to ensure your membership continues uninterrupted year to year! *An valid credit card must be saved in your account ☐ Yes, Enroll in Auto-Renewal ☐ 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
☐ Medical Student ☐ Resident ☐ Fellow ☐ Physician ☐ Non-Physician Health Professional	☐ Academic Medical Center ☐ Community Hospital or Practice ☐ Community Teaching Hospital or Practice ☐ Local/State/or Federal Clinical Position (Non-VA, Non-Military) ☐ Global Health Organization ☐ Government Research Center ☐ Non-Profit Organization ☐ VA Faculty at Academic Medical Center ☐ VA/Military ☐ Not Applicable ☐ Other - Please enter _____
Current Academic Rank (select one)	
☐ Adjunct Faculty ☐ Assistant Professor ☐ Associate Professor ☐ Full Professor ☐ Instructor ☐ Preceptor ☐ 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
☐ Chief Resident ☐ Clerkship Director ☐ Clinic Director ☐ Course Director ☐ Dean or Associate Dean ☐ Department Chair ☐ Division/Section Chief ☐ Fellowship Director ☐ Hospital Administration ☐ Inpatient Service Director ☐ Medical Director ☐ Quality/Safety Director ☐ Research Center Director ☐ Residency Program Director ☐ N/A ☐ Other -please enter below _____	☐ Hospitalist (nearly all inpatient) ☐ Ambulatory Care (nearly all outpatient primary care) ☐ Non-Primary Care - outpatient (urgent care, referral, clinic, e.g.) ☐ Both Ambulatory and Inpatient Care ☐ N/A
Areas of Expertise (select all that apply)	
☐ Aging/Geriatrics/End of Life ☐ Chronic Disease Management ☐ Clinical Medicine ☐ Clinical Decision-Making/Economic Analyses ☐ Clinical Epidemiology/Healthcare Effectiveness Research ☐ Global Health/Preparedness ☐ Health Disparities/Vulnerable Populations ☐ Health Policy/ Advocacy/ Social Justice ☐ Healthcare Delivery and Redesign ☐ Hospital-based Medicine ☐ Leadership and Administration ☐ Other (please enter): _____	☐ Medical Education Scholarship ☐ Medical Ethics/Professionalism/Humanities ☐ Mental Health/Substance Abuse ☐ Non-Commercial Funding Sources (AHRQ, DOD, NIH, PCOR, RWJ, VA) ☐ Organization of Care/Chronic Disease Management ☐ Personal/Professional Development ☐ Preventative Medicine ☐ Quality of Care/Patient Safety ☐ Research Methods ☐ 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
\$1030	2 Years	\$60 Savings
\$1545	3 Years	\$90 Savings
\$2060	4 Years	\$120 Savings
\$2575	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)	\$320.00
Full Member (Step 2)	\$425.00
Full Member	\$545.00

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 \$1030 and you request a refund after 3 days of activation. As the current dues amount is \$545, you will receive a refund of \$485.
- You may be subject to additional fees if member benefits, such as discounted registration rates, are utilized during active membership.