

VA-AAEM / Virginia Chapter Membership Application

First Name MI Last Name Degree (MD/DO)

Institution

Address

City State Zip

Please check which address this is: Work Home

Phone Number - Work Phone Number - Home

Fax E-Mail Address

1) Have you completed or are you enrolled in an accredited residency in Emergency Medicine? Yes No
If yes, program: _____ If completed, date: _____
If not completed, expected date of completion: _____

2) Are you certified by the American Board of Emergency Medicine? Yes No
If yes, date: _____ Type of certification: EM Pediatric EM

3) Are you certified by the American Osteopathic Board of Emergency Medicine? Yes No
If yes, date: _____

Applicants who are board-certified by ABEM or AOBEM in EM or Pediatric EM are only eligible for Full Voting Membership.

Membership Fees

- Full Voting Member \$75.00
- Associate Member (non-voting status) \$50.00
- Allied Health Member Free
- Allied Health Member with WestJEM \$25.00
- Resident Member Free
- Resident Member with WestJEM \$25.00
- Student Member Free
- Student Member with WestJEM \$25.00

Payment Information

Method of Payment: check enclosed, made payable to: TN/AAEM VISA MasterCard

Card Number Expiration Date

Cardholder's Name Cardholder's Signature

Return this form with payment to: VA-AAEM, c/o AAEM 555 East Wells Street, Suite 1100, Milwaukee, WI 53202. Phone: 800-884-2236 Fax: 414-276-3349. All applications for membership are subject to review and approval by the Virginia Chapter Board of Directors. The American Academy of Emergency Medicine and VA-AAEM are non-profit professional organizations. Our membership and mailing lists are strictly private. *VA-AAEM strongly encourages, but does not mandate, joining National AAEM in addition to our Virginia State Chapter.