AFMR Departmental/Group Membership Form

Date: _____ Male____ Female____ Date of Birth: _____

First Name MI Last Name Degrees

Institution

VA Affiliation (if applicable)

Department

Address

City State Zip

Email Phone Fax

___**Check if you are the Institutional Representative**

___**I would prefer to receive mailings at home** *(Please complete institutional information for our records)*

Home Address City State Zip

Email Phone

Medical Specialty

- ❑ Allergy
- ❑ Cardiovascular
- ❑ Clinical Epidemiology/ Health Care Research
- ❑ Clinical Immunology
- ❑ Clinical Pharmacology
- ❑ Critical Care Medicine
- ❑ Dermatology
- ❑ Diabetes
- ❑ Endocrinology/ Metabolism
- ❑ Gastroenterology/ Hepatology
- ❑ Genetics & Inherited Diseases
- ❑ Gerontology/Aging
- ❑ Hematology
- ❑ Hypertension
- ❑ Immunology
- ❑ Infectious Diseases
- ❑ Internal Medicine
- ❑ Neuroscience/Neurology
- ❑ Nutrition
- ❑ Obesity
- ❑ Oncology
- ❑ Orthopedics
- ❑ Pathology
- ❑ Pediatrics
- ❑ Preventative Medicine
- ❑ Psychiatry
- ❑ Public Health
- ❑ Pulmonary
- ❑ Renal & Electrolyte
- ❑ Rheumatology
- ❑ Surgery
- ❑ Other

Membership Categories

(please check the category that applies to you)

____**Active Member (attach CV)**:
Individual who has completed a meritorious investigation in any area of medical research, including publication. Active members are eligible to vote and may serve on the National Council or any AFMR Committee.

____**Associate Member:**
Individual who does not qualify for Active membership or who is in training and has held a doctoral level degree for fewer than 8 years. Associate members may NOT vote and may NOT serve on the National Council or as a Regional Section Officer. Associate members may serve as Regional Councilors or Committee Members-at-large.

To process your Departmental/Group membership, please mail, fax or scan/email this form along with the following documents to the AFMR administrative office:

Completed Departmental/Group Membership forms for all selected members (10 for Tier 1, 5 for Tier 2)

Tier 1 or Tier 2 AFMR Departmental/Group Payment Form completed by your Institutional Representative

We look forward to your department/group's participation in the activities of the AFMR!

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