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.

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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
- AFMR Departmental/Group Tier 1 or Tier 2 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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