



Academic Forum Application

Member Information

Institution:

Contact Name:

Address Line 1:

Address Line 2:

City/State/Zip:

Contact for invoice and payment

Name:

Email:

Representative/s: Designate 1-4 representatives according to your member type. (must be an AMIA member)

Representative #1 (voting member)

Representative #2

Full Name:

E-mail:

Representative #3

Representative #4

Full Name:

E-mail:

Representatives may add their name to multiple communities

Communities

Representative's Name

Baccalaureate Health Informatics Educators

Biomedical and Health Informatics Academic Leaders

Clinical Informatics Program Directors

Nursing Informatics Program Directors

Professional Master's Educators

Join/Renew: choose member type		Add AMIA Membership (if needed)	
AF Full Member	\$3,000	AMIA Regular Membership	\$400
AF Single Member	\$1,250	AMIA Student Membership	\$50

Full Member (\$3000)	Single Program (\$1,250)
4 academic forum representatives; 1 vote; leadership opportunities*	1 academic forum representative; 1 vote; leadership opportunities*
4 special interest community slots*	1 special interest community slot*
4 20% discounts off AMIA meetings	1 20% discount off AMIA meetings
4 registrants to AF annual retreat	1 registration to annual retreat
Access to CIF match process	Access to CIF match process
50% exhibit discount	50% exhibit discount
Multiple programs listed in training program directory	One program listed in training program directory
Unlimited access to JAMIA Journal Club webinars	Unlimited access to JAMIA Journal Club webinars
* Representatives must be current AMIA individual members; registration discounts may be used for any AMIA event during the year	

Add additional AMIA Memberships (if applicable)

AF Membership Fee

AMIA Membership Fees Total

Total Due:

Payment by Credit Card or ACH



To keep your credit card payment secure, we do not accept credit card payments via email or mail
 Contact Michelle Martin at michelle@amia.org or 301.657.1291 for credit card and ACH payment information

Payment by Check

Make check to: American Medical Informatics Association

Mail checks to:

American Medical Informatics Association Inc
 P. O. Box 412989
 Boston, MA 02241-2989

For questions, contact: Michelle Martin, Membership Program Manager
michelle@amia.org | 301.657.1291